UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-095770 January 2, 2013

	Director in which the alleged unfair labor practice or		
	EMPLOYER AGAINST WHOM CHARGE IS BROU	•	
a. Name of Employer		b. Tel. No.	
MCANDREWS WINDOWS AND GLASS		(513)961-4800 c. Cell No.	
	Address (street site state 7ID ands)		
Address (street, city, state ZIP code) e. Employer Representative		f. Fax No.	
1035 LUDLOW AVE, CINCINNATI,	BRENNAN MCANDREWS, VICE-	g. e-Mail	
OH 45223-2621	PRESIDENT	g. e-iviali	
		h. Dispute Location (City and State)	
		CINCINNATI, OH	
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location	
hotel)	7	15	
FACTORY	FABRICATE AND INSTALL		
	WINDOWS		
I. The above-named employer has engaged in and	is engaging unfair labor practices within the meani	ng of section 8(a), subsections (1) and (3) of the	
National Labor Relations Act, and these unfair labor	or practices are practices affecting commerce within	the meaning of the Act, or these unfair labor	
practices are unfair practices affecting commerce v	within the meaning of the Act and the Postal Reorga	anization Act.	
2. Basis of the Charge (set forth a clear and concis	se statement of the facts constituting the alleged un	fair labor practices)	
		(b) (c) (
On or about (b) (6), (b) (7)(C) 2012, the	above-named Employer discharged ^{(b) (6),}	because of protected,	
concerted activities, specifically becau	se of complaints concerning wages, hour	s and prevailing wages and because	
engaged in union activities.		processing resigned and recession	
origaged in amon activities.			
During the last 6 months, the above-no	amed Employer has threatened employee	se with lose of wages and benefits and	
		es with loss of wages and benefits and	
narassed employees because they en	gaged in protected, concerted activities.		
0.5.11			
3. Full name of party filing charge (if labor organization) (b) (c) (c)	ation, give full name, including local name and numb	per)	
(b) (6), (b) (7)(C)		T = - 1	
4a. Address (street and number, city, state, and ZI	P code)	4b. Tel. No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)			
		4c. Cell No.	
		4d. Fax No.	
E Full name of national or international laboration	sization of which it is an affiliate or constituent wit /	4e. e-Mail	
	nization of which it is an affiliate or constituent unit (to be tilled in when charge is filed by a labor	
organization)			
6. DECLARATION		Tel No	
I declare that I have read the above charge a	nd that the statements are true to the best of	Tel_No (b) (6), (b) (7)(C)	
my knowledge and belief.			
	(b) (6), (b) (7)(C)	Office, if any, Cell No.	
Ву:	AN INDIVIDUAL		
		5 1	
(signature of representative or person making ch		Fax No.	
Address: (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)	Date:	e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case **Date Filed** January 3, 2013 9-CA-095784

Address (street, city, state ZIP code) 600 S. KUTHER RD, PO BOX180. SIDNEY, OH 45365-8840 Type of Establishment (factory, nursing home, otel) ACTORY The above-named employer has engaged in and is engaging unfair lation practices within the meaning of sectional Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization and the section of the Act and the Postal Reorganization.	7)497-3080 No. 7)497-3085 ail rute Location (City and State) NEY, OH ober of workers at dispute location cion 8(a), subsections (1) of the ning of the Act, or these unfair labor Act. bractices)
Address (street, city, stale ZIP code) 600 S. KUTHER RD, PO BOX180. SIDNEY, OH 45365-8840 Type of Establishment (factory, nursing home. FACTORY The above-named employer has engaged in and is engaging unfair labor practices within the meaning of securational Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor. On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C)	7)497-3080 No. 7)497-3085 ail rute Location (City and State) NEY, OH ober of workers at dispute location cion 8(a), subsections (1) of the ning of the Act, or these unfair labor Act. bractices)
Address (street, city, state ZIP code) 600 S. KUTHER RD, PO BOX180, SIDNEY, OH 45365-8840 Type of Establishment (factory, nursing home, otel) FACTORY The above-named employer has engaged in and is engaging unfair labor practices within the meaning of securities are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor. C. Celi C. Celi F. Fax 1. Parincipal Product F. Fax 1. ORI L. GEUDER, (93 Th. Disp SID F. Principal Product or Service K. Num The above-named employer has engaged in and is engaging unfair labor practices within the meaning of securities are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor. On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C)	No. 7)497-3085 ail rute Location (City and State) NEY, OH ober of workers at dispute location tion 6(a), subsections (1) of the ning of the Act, or these unfair labor Act. bractices)
Address (street, city, state ZIP code) 600 S. KUTHER RD, PO BOX180. SIDNEY, OH 45365-8840 LORI L. GEUDER, HR GENERALIST 9. e-M 7. Disp SID Type of Establishment (factory, nursing home. otel) ACTORY REFRIGERATION UNITS 200 The above-named employer has engaged in and is engaging unfair labor practices within the meaning of securational Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor. On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C)	No. 7)497-3085 ail rute Location (City and State) NEY, OH aber of workers at dispute location cion 6(a), subsections (1) of the ning of the Act, or these unfair labor Act. bractices)
SIDNEY, OH 45365-8840 LORI L. GEUDER, HR GENERALIST P. e-M In. Disp SID Type of Establishment (factory, nursing home, otel) ACTORY REFRIGERATION UNITS The above-named employer has engaged in and is engaging unfair labor practices within the meaning of security and Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor. On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C)	7)497-3085 ail rute Location (City and State) NEY, OH ober of workers at dispute location tion 6(a), subsections (1) of the ning of the Act, or these unfair labor Act. bractices)
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On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C)	
On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C) concerted activities, specifically complaints about safety.	1 (O)(6).Ti
On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C) concerted activities, specifically complaints about safety.	n jojesti
On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C) concerted activities, specifically complaints about safety.	N (G)Y(d)EN
On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C) concerted activities, specifically complaints about safety.	(b) (c) (d)
On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged (b) (6), (b) (7)(C) concerted activities, specifically complaints about safety.	T (DIGIT)
On or about 2012, the above-named Employer discharged concerted activities, specifically complaints about safety.	All the second s
concerted activities, specifically complaints about safety.	because of protected,
Concerted activities, specifically complained about dology.	
Full name of party filing charge (if labor organization, give full name, including local name and number)	
(b) (6), (b) (7)(C)	
4a. Address (street and number, city, state, and ZIP code) 4b. To	el No.
a. Address (Street and Harriset, City, State, City	(6), (b) (7)(C)
	ND.
10.0	ar No.
4d. F.	w No
40. 7	IX NG.
40.0	(0) (1) (7)
<u> </u>	(6), (b) (7)(C)
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be fill)	ed in when charge is filed by a labor
organ(zation)	
organization)	
organization)	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of	(6), (b) (7)(C)
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	(6), (b) (7)(C)
5. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Office	(6), (b) (7)(C)
Tell (b) (6), (b) (7)(C) By: DECLARATION I declare that I have read the above charge and that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	(6), (b) (7)(C) e, if any, Cell No.
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Office	(6), (b) (7)(C) e, if any, Cell No.
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) By: (signature of representative or person making charge) Print Name and Title Fax (1)	(6), (b) (7)(C) e, if any, Cell No.
(b) (6), (b) (7)(C) By: (b) (6), (b) (7)(C) (c)	(6), (b) (7)(C) e, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901) PRIVACY ACT STATEMENT

Solicitation of the information on this form is nuthorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information in the NLRB is voluntage; however, failure to apply the information will cause the NLRB to decline to invoke its processes. NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case CHARGE AGAINST EMPLOYER 9-CA-095786 January 3, 2013

Date Filed

	Director in which the alleged unfair labor practice o	
a. Name of Employer RIVER CITY GLASS, INC. D/B/A MCANDREWS GLASS		b. Tel. No. (513)961-4800 c. Cell No.
d. Address (street, city, state ZIP code) 1035 LUDLOW AVE		
CINCINNATI, OH 45223-2621	The state of the s	g, e-Mail
		h. Dispute Location (City and State) CINCINNATI, OH
i. Type of Establishment (factory, nursing home, hotel) Factory	j. Principal Product or Service Window glass fabrication and installation	k. Number of workers at dispute location 15
National Labor Relations Act, and these unfair lab	d is engaging unfair labor practices within the mean for practices are practices affecting commerce within within the meaning of the Act and the Postal Reorg	n the meaning of the Act, or these unfair labor
of protected, concerted activities a	above-named Employer constructively dis and union activities on behalf of the Iron V	Vorkers of Southern Ohio and Vicinity.
4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	IP code)	^{4h} (b) (6), (b) (7)(C)
and the state of t		4c. Cell No.
		4d. Fax No.
		4e. e-Mail
5. Full name of national or international labor organization)	anization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
6. DECLARATION I declare that I have read the above charge a my kng of declare and bottlef on or other	and that the statements are true to the best of	Tel. No. (b) (6), (b) (7)(C)
(b, (b), (b) (7)(C) By: ™	(b) (6), (b) (7)(C) An Individual	Office, if any, Cell No.
(Signature O (0) (6) (6) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Print Name and Title	Fax No.
Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date: //3//3 "	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-095850 January 4, 2013

1.	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	GHT	
Name of Employer		b. Tel. No.	
GREENVILLE FEDERAL		(937)548-4158	
		c. Cell No.	
. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
690 WAGNER AVE, GREENVILLE,	ROBYN STUDABAKER,	(937)548-6981	
H 45331-2649 DIRECTOR OF HUMAN RESOURCES		g. e-Mail	
		robyn@greenvillefederal.com h. Dispute Location (City and State)	
Type of Establishment (factory, nursing home,	j. Principal Product or Service	GREENVILLE, OH k. Number of workers at dispute location	
notel)	Fire to the second secon	41	
inancial Institution	Financial Services		
	d is engaging unfair labor practices within the meani		
	or practices are practices affecting commerce within		
2. Basis of the Charge (set forth a clear and conci-	within the meaning of the Act and the Postal Reorga ise statement of the facts constituting the alleged un	fair labor practices)	
On about (b) (6), (b) (7)(C) 2012, the about	ove-named Employer discharged (b) (6), (b) (7)(C) in retaliation for engaging	
in protected concerted activities and/o	or in retaliation for filing charges with the N	ILRB.	
**		*	
4 × 40 Y			
3. Full name of party filing charge (if labor organiz	ration, give full name, including local name and num	ber)	
5. Full name of party filing charge (<i>if labor organiz</i>	ation, give full name, including local name and num	ber)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z		4b. Tel. No.	
(b) (6), (b) (7)(C)		4b. Tel. No. (b) (6), (b) (7)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z		4b. Tel. No. (b) (6), (b) (7)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z		4b, Tel. No. (b) (6), (b) (7) 4c, Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z		4b. Tel. No. (b) (6), (b) (7)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z		4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	(IP code)	4b. Tel. No. (b) (6), (b) (7) 4c. Ĉell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Maii (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organics.		4b. Tel. No. (b) (6), (b) (7) 4c. Ĉell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	(IP code)	4b. Tel. No. (b) (6), (b) (7) 4c. Ĉell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Maii (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization)	(IP code)	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor	
(b) (6), (b) (7)(C) la. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION	IP code) anization of which it is an affiliate or constituent unit (4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. a. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No.	
(b) (6), (b) (7)(C) da. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a	(IP code)	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	anization of which it is an affiliate or constituent unit of and that the statements are true to the best of	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7) Office, if any, Cell No.	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	IP code) anization of which it is an affiliate or constituent unit (4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)	
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (10)(10)(10)(10)(10)(10)(10)(10)(10)(10)	anization of which it is an affiliate or constituent unit of and that the statements are true to the best of (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Maii (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7) Office, if any, Cell No.	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	anization of which it is an affiliate or constituent unit of and that the statements are true to the best of (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7) Office, if any, Cell No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (10,0)	anization of which it is an affiliate or constituent unit of and that the statements are true to the best of (b) (6), (b) (7)(C)	4b. Tel. No. (b) (6), (b) (7) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7) Office, if any, Cell No. (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

8598736267

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-096443 January 15, 2013

	EMPLOYER AGAINST WHOM CHARGE IS		
a. Name of Employer MONTAPLAST OF NORTH AMERICA, INC.		b. Tef. No. (502)695-7766 c. Cell No.	
d. Address (street, city, state ZIP code)	e. Employer Representative KEN HUDSON	f. Fax No.	
FRANKFORT, KY 40801	PLANT PRODUCTION SUPERVISOR 3	g. e-Meil	
		h. Dispute Location (City and State) FRANKFORT, KY	
Type of Establishment (factory, nursing home, hotel) FACTORY	j. Principal Product or Service AUTOMOBILE PARTS	k. Number of workers at dispute location 600	
other employees of said. Employer for On or about the middle of August 2	사용하는 사고하면서 (1) 100 100 100 100 100 100 100 100 100 1	ng and other mutual aid and protection	
their support for the union.	1012, the Employer solicited grievan	ces from employees in order to discourage	
their support for the union.	ember 2012, the Employer remedied	ces from employees in order to discourage	
their support for the union. On or about the beginning of Septe consultant, in order to discourage empty.	ember 2012, the Employer remedied bloyees support for the union.	ces from employees in order to discourage I grievances solicited, in August, by its private	
their support for the union. On or about the beginning of Septe consultant, in order to discourage empty. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zity).	ember 2012, the Employer remedied ployees support for the union. elion, give full name, including local name en	ces from employees in order to discourage I grievances solicited, in August, by its private Id number)	
their support for the union. On or about the beginning of Septe consultant, in order to discourage empty. 3. Full name of party filing charge (# lebor organization).	ember 2012, the Employer remedied ployees support for the union. elion, give full name, including local name en	ces from employees in order to discourage I grievances solicited, in August, by its private	
their support for the union. On or about the beginning of Septe consultant, in order to discourage empty. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zity).	ember 2012, the Employer remedied ployees support for the union. elion, give full name, including local name en	ces from employees in order to discourage I grievances solicited, in August, by its private Id number) 49. Tel. No. (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor

(b) (6), (b) (7)(C)

Print Name and Title

I declare that I have read the above charge and that the statements are true to the best of

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

4e. e-Mail

Fax No.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Office, if any, Cell No.

(b) (6), (b) (7)(C)

organization)

6. DECLARATION

my knowledge and belief.

(6), (b) (7)(C)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-096626 January 17, 2013

Control of the Contro		GA 050020 Danaday 217 2020	
File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice or EMPLOYER AGAINST WHOM CHARGE IS BROU	corred or is occurring.	
a Name of Employer GLENNY GLASS COMPANY		b. Tel. No. (513)489-2233 c. Cell No.	
d. Address (street, city, state ZIP code)	a. Employer Representative	f. Fax No.	
9 CASTLEBERRY CT, MILFORD, BRAXTON SMITH, President/C		g, e-Mail	
		h. Dispute Location (City and State) Miliford, OH	
Type of Establishment (factory, nursing home, ofel)	j, Principal Product or Service	k. Number of workers at dispute location	
Manufacturer/Distributer	Glass	50	
Since about (b) (6), (b) (7)(C)2013, the Emother things, terminating (b) (6), (b) (7) investigation by providing a statement	ployer has interfered with, restrained, and (C) for protected concerted activities af to an OSHA investigator.	coerced its employees by, among ter complied with an OSHA	
Full name of party filing charge (if lebor organization) (6), (b) (7)(C)	ation, give full name, including local name and number	ər)	
(b) (6), (b) (7)(C)	P rode)	4b. Tel. No. (b) (6), (b) (7)(C)	
		4c, Cell No. (b) (6), (b) (7)(C)	
		4d. Fax No.	
		4e, e-Mail	
Full comp of patients or international labor expen	ization of which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C)	
genization)	ization of which it is an annote of consultant one (it	to med in when circings to mad by a labor	
DECLARATION I declare that I have read the above charge any knowledge and belief.	nd that the statements are true to the best of	Tel, No. (b) (6), (b) (7)(C)	
_{By;} (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office if any Cell No. (b) (6), (b) (7)(C)	
(signature or representat ⁽⁶⁾⁽⁶⁾ or person making ch	erge) Print Name and Title	Fax No.	
Address: (b) (6), (b) (7)(C)	Date: 1-17-13	e-Mail	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	

WILLFUL PAUSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA). 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
9-CA-096755	January 18, 2013			

	al Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU		ng.
a. Name of Employer	. EMPLOTER AGAINST WHOM CHARGE IS BROC	b. Tel. No.	
KENTUCKY PETROLEUM SUPPLY, LLC		(859)744-77	78
		c. Cell No.	78
		19.335.34	
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
1225 EARLY DR WINCHESTER, KY 40391-3003	GEORGE STAMPER	g. e-Mail	
WINCHESTER, KT 40391-3003			kypetro.com
			ion (City and State)
			ER, KY
I. Type of Establishment (factory, nursing			rkers at dispute location
home, hotel) TRUCKING	DETROI ELIM DOODLIGTE	Control of	
IRUCKING	PETROLEUM PRODUCTS	50	
2. Basis of the Charge (set forth a clear end com- About (b) (6), (b) (7) (C) 2012, the above nan- activities. About (b) (6), (b) (7) (C) 2012, the above nan- activities. About (b) (6), (b) (7) (C) 2012, the above nan- concerted activities. Since about September 26, 2012, the above nan- and/or protected concerted activities. 3. Full name of party filling charge (if Tabor organi INTERNATIONAL CHEMICAL WORKER WORKERS INTERNATIONAL UNION	within the meaning of the Act and the Postal Reorgicise statement of the facts constituting the alleged united Employer terminated (b) (6), (b) (7)(C) for enganted Employer terminated (b) (6), (b) (7)(C) for enganted Employer issued (b) (6), (b) (7)(C) a write upove named Employer questioned and interrogal station, give full name, including local name and number UNION COUNCIL OF THE UNITED FOOD A	fair labor practices) aging in union and aging in union and for engaging in un ted various emplo AND COMMERCI	i/or protected concerted i/or protected concerted nion and/or protected yees about their union
4a Address (street and number, city, state, and 1015 LAKESHORE DR, DE SOTO, MO		4b. Tel. No. (330)631-26	83
		4c. Cell No.	
		4d. Fax No.	72
		(636)586-8169	
		4e. e-Mail	
S. F. II amount and a delice address I lab as are	anization of which it is an affiliate or constituent unit (hurocy@icwi	uc.org
organization)	S UNION COUNCIL OF THE UNITED FOOD		
I declare that I have read the above charge my knowledge and belief.	and that the statements are true to the best of	(330)631-26	
By Jen D. Huver	JERRY D. HUROCY ORGANIZIING COORDINATOR	Office, if any, Ce	II No.
(signature of representative or person making	charge) Print Name and Title	Fax No.	
		(636)586-8169	
Address: 1015 LAKESHORE DR.	Date:	e-Mail	
DE SOTO, MO 63020-4708		jhurocy@icwuc.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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FORM NLR8-501 (11-88)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Dats Filed	
9-CA-096850	January 22, 2013	

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regions		
a. Name of Employer	AGAINST WHOM CHARGE IS BROUGHT	b. Number of workers employed
CONSTELLIUM		APPROXIMATELY 700
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
P.O.BOX 68 RAVENSWOOD, WV	Scott Miller	
26164	Arron Drummer	304-273-6241
f. Type of Establishment (factory, mine, wholesaler, etc.) ALUMINUM FABRICATION PLANT	d. Identity principal product or service ALUMINUM SHEET, P	LATE AND COIL
h. The above-named employer has engaged in and is engaged (list subsections). (3)	gaging in unfair labor practices within th	e meaning of section 8(a), subsections (1) of the National Labor Relations Act,
Basis of the Charge (set forth a clear and concise stateme		
I FEEL THAT I AM BEING I THE COMPANY AS WELL A FOR BEING INJURED ON T	S BING RETALLIATED AG	
By the above acts, the above-named employer has i rights guaranteed in Section 7 of the Act	Salaria and the salar and and a salar	A CONTRACTOR OF THE CONTRACTOR
3. Full name of party filing charge (If labor organization, give (b) (6), (b) (7)(C)	full name, including local name and nur	nber)
4a.Address (street and number, city, state, and Z/P code)	When the state of	4b. Telephone No.
b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
S. Full name of national or international labor organization by a lebor organization) UNITED STEELWORKERS LOCAL		t unit (to be filled in when charge is filed
(b) (c), (b) (7)(C)	6. DECLARATION that the statements are true to the be	est of my knowledge and belief.
(signatus of constant representative of person making charge)	(b) (6), (b) (7	ALAIZULU
(b) (b), (b) (7)(C)	(Telephon	re No.) (date)

96%

INTERNET FORM NLRB-501 (2-08)

INSTRUCTIONS:

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S C 3512

January 28, 2013

DO NOT WRITE IN THIS SPACE

4d. Fax No. 4e. e-Mail

Case

Date Filed

9-CA-097243

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT Name of Employer Tel. No. 513-961-4800 - Ext 11 RIVERCITY GLASS INC. D/B/A MCANDREWS GLASS c. Cell No. f. Fax No. 513-961-4846 Employer Representative Address (Street, city, state, and ZIP code) q e-Mail Brendan McAndrews, Vice-President 1035 Ludlow Avenue - Cincinnati, OH 45223brendmcand@cinci h. Number of workers employed 15 Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Fabrication and installation of windows k The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) On or about (b) (6), (b) (7)(C) 2012, the above-named Employer discharged because of protected, concerted activities, specifically because of complaints concerning wages, hours, and prevailing wages. 3 Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C 4a. Address (Street and number, city, state, and ZIP code) Tel No (b) (6), (b) (7)(C (b) (6), (b) (7)(C) 4c. Cell No.

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	Tel. No (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) An Individual	Office, if any, Cell No.
(signature of representative or person making charge) (Print/type name and title or office, if any)	Fax No.
Address (b) (6), (b) (7)(C) (date)	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FOR	M EXEMP	T UNDER 44	U.S C	3512
DO NOT WRITE IN THIS SPACE				
ase		Date Filed	1	
9-CA-09	7250	January	28,	2013

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1 EMPLOYER AGAINST	WHOM CHARGE IS BROUGHT	
a. Name of Employer	the control of the co	b Number of workers employed 200+
c. Address (street, city, state, ZIP code) 7401 Tradeport Drive, Louisville, KY 40258	d. Employer Representative Harlen Bohanon	e. Telephone No. 502-736-3731 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Factory	g Identify principal product or service Peanut Butter	ce ·
h. The above-named employer has engaged in and is engaging in unfa National Labor Relations Act, and these unfair labor practices are affect affecting commerce within the meaning of the Act and the Postal Reorg	ing commerce within the meaning of the	
On about (b) (6), (b) (7)(C) 2013, the Employer, through (b) (6), (b) (7)(C) terming workers. About (b) (6), (b) (7)(C) 2013, in a meeting with the entire first shift, be able to use a bonus day off after a shift already starts.	nated me because of my protected conce I contested a manager, (b) (6), (b) (7)(C)	erted activities on behalf of my co- about whether or not employees should
By the above and other acts, the above-named employer has interfiguaranteed in Section 7 of the Act.		ployees in the exercise of the rights
3. Full Name of party filing charge (if labor organization, give full name, (b) (6), (b) (7)(C)	including local name and number)	
4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)		4b Teiephone No. (b) (6), (b) (7)(C) Fax No.
Full name of national or international labor organization of which it is by a labor organization.		d in when charge is filed
I declare that I have read the above charge and that t		
(b) (6), (b) (7)(C) By	Title _	o) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Fax No(b) (6), (b) (7)	© Date 1-24-26/3
	Telephone No	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U S.C 3512 DO NOT WRITE IN THIS SPACE

Case

09-CA-097589

Date Filed February 4, 2013

NS	100	un.

File an original with NLRB Regional Director for the region in whici	h the alleged unfair labor practice occurred or is occu R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	The state of the s	b. Tel. No. (502) 363-7742
Voith Industrial Songers Inc		c. Cell No.
Voith Industrial Services, Inc.		
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.
2000 7	1	g. e-Mail
2006 Fern Valley Road, Louisville, KY 40213	Jason Wilson, Vehicle Processing Manager	
Louisville, KT 40213	verilicie i rocessing Manager	h. Number of workers employed Approx: 75
i. Type of Establishment (factory, mine, wholesaler, etc.) new motor vehicle distribution facility	j. Identify principal product or service new motor vehicle processing, distri	
k. The above-named employer has engaged in and is engagi	The state of the s	
subsections) (3), (4) and (5)	of the National L	abor Relations Act, and these unfair labor
practices are practices affecting commerce within the mea within the meaning of the Act and the Postal Reorganization		unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme	ent of the facts constituting the alleged unfair labor	practices)
Since on or about 2012 and 2012, a	nd continuing thereafter, Voith Industrial	Services, Inc., by and through its
agents and supervisors, has interfered with, coer	ced, restrained and discriminated agains	st employees in the exercise of
their rights under Section 7 of the Act by conduct (b) (6), (b) (7)(C) because each we		
demanding safe working conditions for loading ra	ere engaged in protected, concerted active	
	been engaged in: (i) concerted activity	
concerted activity demanding safe working condi-	지 그녀에게 하면 가게 되면 지하는 이렇게 되었어요? 하게 이 사람이 하게 되어 가게 되었다.	마하다 전 4.0 하이 11.2 (프로그램이 이래, 그리 아래를 위하여 아이들이 모르네이라고 말을 가입니다
an Administrative Law Judge of the Board in Cas		
bargaining with Teamsters Local 89 regarding the	e discipline and discharge of employees	(b) (6), (b) (7)(C)
3. Full name of party filing charge (if labor organization, give	full name, including local name and number)	
General Drivers, Warehousemen & Helpers, Loca	al Union No. 89 ("Teamsters Local Union	n No. 89")
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. 502-368-5885
Attn: Fred Zuckerman, President		4c. Cell No.
3813 Taylor Blvd.		4d Fay No
Louisville, KY 40215		^{4d. Fax No.} 502-366-2009
		4e, e-Mail
5. Full name of national or international labor organization of	which it is an affiliate or constituent unit (to be fille	od in when charge is filed by a labor
organization) International Brotherhood of Teamste		an mondiage to med by a taxe.
6. DECLARATION I declare that I have read the above charge and that the statement	ON its are true to the best of my knowledge and belief.	Tel. No. 202-223-0723
By Jame F. Wath Ja	mes F. Wallington, Attorney	Office, if any, Cell No. 202-258-3514
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No. 202-223-9677
1150 Connecticut Ave., NW, Suite 315, Wa	shington, DC 20036 Feb. 1, 2013 (date)	e-Mail jwallington@bapwild.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-098111 February 8, 2013

File an original of this charge with NLRB Regional I	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	
a. Name of Employer DANA HOLDING CORPORATION		b. Tel. No. (502)423-8824 c. Cell No.
d. Address (street, city, state ZIP code) 12720 WESTPORT RD	2720 WESTPORT RD TIM McDIVITT	
LOUISVILLE, KY 40245-2115	PLANT MANAGER	g e-Mail h. Dispute Location (City and State)
i. Type of Establishment (factory, nursing home, hotel)	j Principal Product or Service	k. Number of workers at dispute location
FACTORY I. The above-named employer has engaged in and	AUTOMOBILE PARTS	128
UAW Local 3058 that discriminated again. 3. Full name of party filing charge (if labor organiza)		
(b) (6), (b) (7)(C)	The state of the s	
4a. Address (street and number, city, state, and ZIF (b) (6), (b) (7)(C)	code)	4b Tel No (b) (6), (b) (7)(C)
		4c. Cell No.
		4d. Fax No.
		4e. e-Mail (b) (6), (b) (7)(C)
 Full name of national or international labor organization) 	nization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
DECLARATION I declare that I have read the above charge as my knowledge and belief.		Tei. No. (b) (6), (b) (7)(C)
_{By} (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) AN INDIVIDUAL	Office, if any, Cell No.
(signature or representative or person making chaddress: (b) (6), (b) (7)(C)	narge) Print Name and Title	Fax No.
(b) (6), (b) (7)(C)	Date:	e-Mail (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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2703519914

P. 2

INTERNET FORM NERB-BOT UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER DO NOT WRITE IN THIS SPACE

Date Filed

9-CA-098119

February 11, 2013

		9-CA-098119	February 11, 2013
IBTRUCTIONS: le am original with MLR9 Regional Director for the region in which	the alleged unfair labor practice oc	urred or in cocurring.	
1, EMPLOYER	AGAINST WHOM CHARGE	BROUGHT	
Nertie of Employer			o. Tel. No. 1-270-351-3688
United States Postal Service		c. Cell No.	
*			4 4 3 5 7 7
Address (Street, city, state, and ZIP code)	e. Employer Representative		Fax No. 1-270-351-9914
	Patricia King,		g. o-Mell
590 West Lincoln Trail Boulevard	Officer-In-Charge		
Redcilif, Kentucky 40160-9998	John Douglas Caswell, Manager Post Office O	perations	h. Number of workers employed Approximately 25
. Type of Establishment (factory, mine, wholessier, etc.) United States Post Office	J. Identify principal product on Mail and Parcel Deliver	service / Service	
practices are prectices affecting commerce within the inese within the meaning of the Act and the Poetal Reorganization. 2. Basis of the Charge (set forth a clear and concise statement).	on Act.		
On (b) (6), (b) (7)(C) 2013, (b) (6), (b) (7)(C) Pre-Disciplinary Interview by (b) (6), (b) (7)(C) direction of (b) (6), (b) (7)(C)	The Pre-Di	ciplinary intervie	ws were conducted upon the
The Pre-Disciplinary Interviews were conducted to administer and enforce their Collective Sargal		LRB Charges, ar	nd after grievance processing
3. Full name of party filing charge (if labor organization, give	full name, including local name ar	d number)	***
APWU Radcliff Local 6662, AFL-CIO			
4a. Address (Street and number, city, state, and ZIP code)		46	. Tel. No. 1-270-300-7515
		3	Cell No. 1-270-300-7515
P.O. Box 666		40	. Fax No. 1-270-351-9914
Raddiff, Kentucky 40159-0688		1	. e-Mail
		177	lmecho@man.com

6 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization).

American Postal Workers Union, AFL-CIO

8. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

1-270-300-7515

Michael L. Macho, APWU Local President

Office, If any, Cell No.

(Prinklyps name and title or office, if any)

1-270-300-7515 Fex No. 1-270-351-9914

P.O. Box 866, Radeliff, Kentucky 40169-0666

02-08-2013 (dete)

mlmacho@msn.com

WILLFUL FALSE STATEMENTS ON THE CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. COOK, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfetrillabor practice and related proceedings or intigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processed.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-098697 February 19, 2013

a. Name of Employer	EMPLOYER AGAINST WHOM CHARGE IS BROU	b Tel No.
PRECISION PLUMBING OF GREAT	ER CINCINNATI	(513)598-1721
PRECISION FEDINGING OF GREATER CINCINNATI		c. Cell No.
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
	JASON SCHNIEDER	1.1 64 110.
	SASSIN SCHNIEDER	g. e-Mail
HARRISON, OH 45050-9225	JH 45030-9225	precisionplumbing@fuse.net
		h. Dispute Location (City and State)
		HARRISON, OH
. Type of Establishment (factory, nursing home,	Principal Product or Service	k. Number of workers at dispute location
notel)	· Washing trace and the court	7
PLUMBING	PLUMBING SERVICES	
. The above-named employer has engaged in ar	id is engaging unfair labor practices within the mean	ing of section 8(a), subsections (1) and (4) o
the National Labor Relations Act, and these unfa-	Ir labor practices are practices affecting commerce w	vithin the meaning of the Act, or these unfair
abor practices are unfair practices affecting com	merce within the meaning of the Act and the Postal I	Reorganization Act.
Basis of the Charge (set forth a clear and conc	use statement of the facts constituting the alleged un	nfair labor practices)
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a	above-named Employer discharged (b) (6 nd filing a charge with the labor board	scharge (b) (6), (b) (7)(C) for (b) (6), (b) (7)(C) for (c)
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a	above-named Employer discharged (b) (e	6), (b) (7)(C) _{for} protected
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a 3. Full name of party filing charge (if labor organic (b) (6), (b) (7)(C)	above-named Employer discharged (b) (end filing a charge with the labor board discharged action, give full name, including local name and number that it is a second succession.	6), (b) (7)(C) for protected protected
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a 3. Full name of party filing charge (if labor organic (b) (6), (b) (7)(C)	above-named Employer discharged (b) (end filing a charge with the labor board discharged action, give full name, including local name and number that it is a second succession.	6), (b) (7)(C) for protected protected
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On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a 3. Full name of party filing charge (if labor organic (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 5. DECLARATION I declare that I have read the above charge my knowledge and belief.	above-named Employer discharged (b) (end filing a charge with the labor board discharge) action, give full name, including local name and number (IP code)	ber) 4b(b)(6),(b)(7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (lo be filled in when charge is filed by a labor Tel. No. (b)(6),(b)(7)(C)
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to all 3. Full name of party filing charge (if labor organization) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge my knowledge and belief. (b) (6), (b) (7)(C)	above-named Employer discharged (b) (end filing a charge with the labor board ration, give full name, including local name and number anization of which it is an affiliate or constituent unit and that the statements are true to the best of b) (6), (b) (7)(C)	ber) 4b(Tel-No (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel-No (b) (6), (b) (7)(C) Office, if any, Cell No.
On or about (b) (6), (b) (7)(C) 2012, the concerted activity and for talking to a 3. Full name of party filing charge (if labor organic (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 5. DECLARATION I declare that I have read the above charge my knowledge and belief. (b) (6), (b) (7)(C)	above-named Employer discharged (b) (end filing a charge with the labor board ration, give full name, including local name and number anization of which it is an affiliate or constituent unit and that the statements are true to the best of b) (6), (b) (7)(C)	ber) 4b(b)(6),(b)(7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (lo be filled in when charge is filed by a labor Tel. No. (b)(6),(b)(7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

INSTRUCTIONS:

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-CA-098710	February 19, 2013

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a Name of Employer b. Tel. No CAPITAL CITY AUTO AUCTION (304)201-2270 c. Cell No. d Address (street, city, state ZIP code) e. Employer Representative f. Fax No. 600 WINFIELD RD, SAINT ALBANS, JOE PYLE, Owner WV 25177-1574 g e-Mail h. Dispute Location (City and State) St. Albans, WV i. Type of Establishment (factory, nursing home, j. Principal Product or Service k. Number of workers at dispute location hotel) Automobile Auction Selling Vehicles I The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since about (b) (6), (b) (7)(C) 2013, the Employer has interfered with, restrained, and coerced its employees by terminating employee (b) (6), (b) (7)(C) in retaliation for discussing wages with ame of party filing charge (if labor organization, give full name including local name and number) (b) (6), (b) (7)(C 4d. Fax No. 4e. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) 6. DECLARATION (b) (6), (b) (7)(C) I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Individual (signature or representative or person making charge) Print Name and Title Fax No. (b) (6), (b) (7)(C) Date. 2-15-13 e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

p. 2

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-098770 February 20, 2013

	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU	
A Name of Employer LETCHER MANOR NURSING AND REHABILITATION		b. Tel. No. (606)633-1434 c. Cell No.
Address (street, city, state ZIP code) e. Employer Representative CARLA BISHNOI		f. Fax No
WHITESBURG, KY 41858-7668	Administrator	g. e-Mail
		h. Dispute Location (City and State) WHITESBURG, KY
Type of Establishment (factory, nursing home, office) fursing Home and Rehab	Principal Product or Service Nursing Care	k. Number of workers at dispute location 400 Approx. 70
concerted activities with other employ	bove-named Employer, terminated (b) (6 rees of Said Employer for the purpose of courage employees from engaging in such	collective bargaining and other mutal
Full name of party filing charge (if labor organia (b) (6), (b) (7)(C) a. Address (street and number, city, state, and 2	tation, give full name, including local name and num	Ab. Tel. No.
(b) (6), (b) (7)(C)		4c Call No (b) (6), (b) (7)
		44 Fax No. (b) (6), (b) (7)
		4e. ê-Mail
. Full name of national or international labor organization)	anization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
DECLARATION I declare that I have read the above charge in my knowledge and belief.	and that the statements are true to the best of	Tel. No.
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office (fany Cell No. (b) (6), (b) (7)
(b) (b) (b) (7)(C)	charge, Print Name and Title	Fax No. (b) (6), (b) (7)
Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date:	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (I.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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anachda Euko (de ode 14 de)

INTERNET FORM NLRB-501 (2.00)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
9-CA-098937	February 22, 2013	

FORM EXEMPT UNDER 44 U.S.C. 3512

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1 EMPLOYER AGAINST WHOM CHARGE IS BROUGHT b Tel. No 614 827-2530 a Name of Employer SMG c. Cell Na. 18 f Fax No e Employer Representative d Address (Street, city, state, and ZIP code) 400 South High Street, Columbus, OH 43215 Craig Liston g. e-Mail h. Number of workers employed 30+ Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service Convention Center Rental space and set up k. The above-named employer has engaged in and is engaging in unfair tabor practices within the meaning of section 8(a), subsections (1) and (list subsections) (a)(3) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2 Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Beginning in November of 2012 and continuing thereafter, the Employer has discriminated against employee, as well as interfered with, restrained, and coerced by its actions his exercise of rights guaranteed by Section 7. co-workers about forming a union. In late December of 2012, made a complaint to the corporate began to speak with office regarding terms and conditions of employment, specifically concerns over safety issues, on behalf employees. Thereafter, (b) (6), (b) (7)(c) was transferred to third shift. On third shift, is also separated from other employees, especially since the filing of the petition when the employer has commenced anti-union activity on other shifts On or about February 15, 2012, (6)(6), (6)(7)(6) threatened with possible termination for calling off from work after not being previously made award of the issue and being scheduled for shifts had notified the employer 3 Full name of party filing charge (if labor organization, give full name, including local name and number) International Alliance of Theatrical Stage Employees, Local 12 4b. Tel. No 614 221-0078 4a Address (Street and number, city, state, and ZIP code) 566 E. Rich Street, Columbus, OH 43215 4c. Cell No. 4d Fax No. 48 8-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Alliance of Theatrical Stage Employees 6. DECLARATION 614 442 5626 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief Office, if any, Cell No. Cathrine Harshman, Attorney 614 668 3606 erson making charge) (Printifype name and title or office, if any) Fax No. 614 4425625 n-Mail 2 22 13

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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3360 Tremont Rd., Suite 230, Columbus, OH 43221

(date)

charshman@hcands com

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRI	TE IN THIS SPACE
Case Date Filed	
9-CA-099372	February 28, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BRO	
Name of Employer VANCREST OF URBANA, INC.		b. Tel. No. (937)653-5291
U.S. Highway 685.	C-C'	c. Corporate:
Whana, Dhio 43	- 4-0.0.	(419) 238-0715 Ext. 238
a paria) creo 43	0,4800	John Bagley
. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
Corporate info;	Jennifer Brock C.C.	g. e-Mail
120 W MAIN ST, STE 200	Administrator	h. Dispute Location (City and State)
VAN WERT, OH 45891-1761		Urbana, OH, St. Rt. 68
Type of Establishment (factory, nursing home,	J. Principal Product or Service	k. Number of workers at dispute location
otel)		30
lursing Home	Health Care	
The shaw aspend amplaint has angread in as	d is appending unfair labor prostless within the mo	aning of agetion 8(a) subsections (1) of the
	d is engaging unfair labor practices within the me for practices are practices affecting commerce with	
	within the meaning of the Act and the Postal Rec	
	ise statement of the facts constituting the alleged	
		Street Country to the Country of the
		(h) (7) (C)
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On or about (b) (6), (b) (7)(C) 2013, the about		
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protected concerted activities with oth		purpose of collective bargaining and
protected concerted activities with oth	er employees of said Employer for the	purpose of collective bargaining and
protected concerted activities with oth other mutual aid and protection and in	er employees of said Employer for the	purpose of collective bargaining and ingaging in such activities.
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-099686 March 4, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice	occurred or is occurring
	EMPLOYER AGAINST WHOM CHARGE IS BRO	
a. Name of Employer ABF FREIGHT		b. Tel. No. (800)253-4784
		c Cell No.
d. Address (street, city, state ZIP code) 8101 TERMINAL LN	e. Employer Representative MIKE NOBLE	f, Fax No.
HUBER HEIGHTS, OH 45424-1457	Coordinator	g e-Mail
i Type of Establishment (factory, nursing home, hotel)) Principal Product or Service	k Number of workers at dispute location 700
Docking Warehouse	Freight	
On or about (b) (6), (b) (7)(C) 2012, the unprotected concerted activity.	se statement of the facts constituting the alleged un indersigned was taken out of service and ation, give full name, including local name and num	was denied compensation because of
		4e e-Mail
5 Full name of national or international labor organization)	nization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor
DECLARATION I declare that I have read the above charge a my knowlooder and belief.	nd that the statements are true to the best of	Tel No. (b) (6), (b) (7)(C)
By. (b) (6), (δ) (7)(C)	(b) (6), (b) (7)(C) An Iñdividual	Office, if any, Cell No.
(s ture of representing complete of the comple		Fax No
Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date 2-27-13	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

09-CA-099910 March 7, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice o EMPLOYER AGAINST WHOM CHARGE IS BROU	ccurred or is occurring.
a. Name of Employer	EMI LOTEITAGAINST WITOM STANGE IS BASE	b. Tel. No.
OVATION FOOD SERVICES		(513)419-7251
Caraman and a second confirmation and a		c. Cell No.
Address (street, city, state ZIP code) 525 ELM ST, CINCINNATI, OH	e. Employer Representative JASON CLOSE, GENERAL	f. Fax No.
45202-2316	MANAGER	g. e-Mail
		h. Dispute Location (City and State) CINCINNATI, OH
Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
otel)		90
OOD SERVICE	FOOD SERVICE	
On or about (b) (6), (b) (7)(c) 2013, the above complained about employees wo	e-named Employer suspended (b) (6), (b) rking conditions and other protected conc	(7)(C) because erted activities.
Full name of party filing charge (if labor organiz	ation, give full name, including local name and num	ber)
a. Address (street and number, city, state, and Z		4b. Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		
		4c. Cell No.
		4d. Fax No. 4e. e-Mail
	anization of which it is an affiliate or constituent unit	
rganization)		
DECLARATION I declare that I have read the above charge and belief.	and that the statements are true to the best of	Tel. No. (b) (6), (b) (7)(C)
By. (, (), (b) (7)(C)	(b) (6), (b) (7)(C) INDIVIDUAL	Office, if any, Cell No.
(signature of representatin or person mail of the control of the c	narge) Print Name and Title	Fax No.
Address:(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Date:	e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-099992 March 8, 2013

File an original of this charge with NLRB Regional 1.	EMPLOYER AGAINST WHOM CHARGE IS BROU	JGHT
a. Name of Employer SOUTHPAW ENTERPRISES		b. Tel. No. (937)252-6460
		c. Cell No.
d. Address (street, city, state ZIP code) 617 NORTH IRWIN STREET,	e. Employer Representative ALEX MOORE	f. Fax No.
DAYTON, OH 45403	ALEXINGONE	g. e-Mail
		h. Dispute Location (City and State) DAYTON, OH
. Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of workers at dispute location 35
FACTORY	PHYSICAL THERAPY PRODUCTS	1
(b) (c) (b) (7)(c)		
On or about (a) (b) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	oove-named Employer fired the undersign ist a co-worker with respect to racism	ned because of protected or claim.
concerted activity in attempting to ass 3. Full name of party filing charge (if labor organize)	oove-named Employer fired the undersign ist a co-worker with respect to racism racism ation, give full name, including local name and number 1000 points.	i claim.
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B. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)	ation, give full name, including local name and num	(b) (6), (b) (7)(C)
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-100365 March 13, 2013

File an original of this charge with NLRB Regional	Company of the Compan	
1.	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROWN	occurred or is occurring.
a, Name of Employer OHIO AFL-CIO		b. Tel. No. (614)224-8271 c. Cel No.
d. Address (street, city, state ZIP code) 935 E BROAD ST COLUMBUS, OH 43215-3746	e. Employer Representative PETEE TALLEY Secretary-Treasure	f, Fax No. (614)224-2671 g. e-Mali h. Dispute Location (City and State)
I. Type of Establishment (factory, nursing home, hotel) Union	J. Principal Product or Services Representation Services	k. Number of workers at dispute location 15
	ation, give full name, including local name and num	aber)
	ation, give full name, including local name and num	nhen .
		78
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2	IP code)	Y ()
	CIP code)	45 Tel No (b) (6), (b) (7)(C)
4a, Address (street and number, city, state, and 2	IP code)	Y ()
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4a, Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	CIP code) anization of which it is an affiliate or constituent unit	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Color (b) (6), (b) (7)(C) 4d. Fex No. 4e. Color (b) (6), (b) (7)(C)
4a. Address (street and number, city, state, and Z (D) (6), (D) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge or		4b. Tel. No. (b) (6), (b) (7)(C) 4c. Color (b) (6), (b) (7)(C) 4d. Fex No. 4e. Color (b) (6), (b) (7)(C)
4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION	antzation of which it is an affiliate or constituent unit	4b. Tel. No. (b) (6), (b) (7)(C) 4c. b. Mail (b) (6), (b) (7)(C) 4e. c. Mail (b) (6), (b) (7)(C) (to be talled in when charge is lifed by a labor Tol. No. (b) (6), (b) (7)(C)
4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge only knowledge and belief.	anization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	4b. Tel. No. (b) (6), (b) (7)(C) 4c. b. Mail (b) (6), (b) (7)(C) 4e. c. Mail (b) (6), (b) (7)(C) (to be talled in when charge is tilled by a labor Tol. No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NIRA), 29 U.S.C. § 151 or seq. The principal use of the information is to assist the National Labor Relations Board (NIRB) in processing unfair labor practice and related proceedings or filigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NIRB will further explain these uses upon request, Disclosure of this information to the NIRB is voluntary; however, failure to supply the information will cause the NIRB to decline to invoke its processes.

INTERNET FORM NURB 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WE	RITE IN THIS SPACE
Case	Date Filed
9-CA-100610	March 18, 2013

INSTRUCTIONS:

DESCRIPTION OF THE PROPERTY OF	AGAINST WHOM CHARGE IS BROUGHT	h Tal No
Name of Employer		b. Tel. No. (513) 933-0960
PRC Technologies		c. Cell No.
Address (Section 1 the state and 710 and 1	e. Employer Representative	f. Fax No.
Address (Street, city, state, and ZIP code)	Russell Smith	g. e-Mail
ebanon, OH 45036-9204		h. Number of workers employed 5
Type of Establishment (factory, mine, wholesaler, etc.) construction	j. Identify principal product or service voice/data/video	
Basis of the Charge (set forth a clear and concise statement ince on or about (b) (6), (b) (7)(C) 2013 and continue presentatives, has violated the Act by terminating to sue (b) (c), (c)	uing through the date of filing, the Emploing employee (b) (6), (b) (7)(C) for engaging activity, that is, complaining about non-to-both the Employer and the prime conf	yer, by and through its ng in protected, concerted activity payment of contractual prevailing tractors under which the Employe
	full name, including local name and number)	
o) (6), (b) (7)(C)	full name, including local name and number)	4b. Tel. No.
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	4b. Tel. No. 4c. Cell No.
a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	
a. Address (Street and number, city, state, and ZIP code)	ในฟ nama, including local name and number)	4c. Cell No.
b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) c. Full name of national or international labor organization of		4c. Cell No. 4d. Fax No. 4e. e-Mail
Full name of party filling charge (if labor organization, give b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) i. Full name of national or international labor organization of organization) 6. DECLARATION declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. e-Mail
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of rganization) 6. DECLARATION declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be fille	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No.
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C) Full name of national or international labor organization of rganization) 6. DECLARATION declare that I have read the above charge and that the statement	which it is an affiliate or constituent unit (to be fille ON nts are bue to the best of my knowledge and belief.	4c. Cell No. 4d. Fax No. 4e. e-Mail ed in when charge is filed by a labor Tel. No. 513-255-5888

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fedure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXE	MPT UNDER 44 U.S.C. 3512
DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
9-CA-101167	March 26, 2013

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for

the region in which the alleged unfair labor practice occurred 1. EMPLOYER AG	or is occurring. AINST WHOM CHARGE IS BROUGHT	
a. Name of Employer	ANNO WHOW CHARGE IS BROUGHT	b Number of workers employed
DNA Diagnostic Center (DDC)		100-150
c. Address (street, city, state, ZIP code) 1 DDC Way, Fairfield, OH 45014	d. Employer Representative Pam Hard Human Resources	e. Telephone No. 513-881-7800 Fax No. 513-881-7803
f. Type of Establishment (factory, mine, wholesaler, etc.) Laboratory	g. Identify principal product or se DNA Testing	rvice
h. The above-named employer has engaged in and is engaging in National Labor Relations Act, and these unfair labor practices are affecting commerce within the meaning of the Act and the Postal	affecting commerce within the meaning of	of section 8(a), subsections (1) and of the the Act, or these unfair labor practices
Since on or about (b) (c), (b) (7)(C) 2013, the Employer terminating employee (b) (6), (b) (7)(C) in retaling the above and other acts, the above-named employer has guaranteed in Section 7 of the Act.	ation for discussing wag	es with co-workers.
 Full Name of party filing charge (if labor organization, give full n 	ame, including local name and number)	
b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code)		Lab Talashana Na
(b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C) Fax No.
Full name of national or international labor organization of whice by a labor organization.	ch it is an affiliate or constituent unit (to be fi	lled in when charge is filed
	6. DECLARATION	
(b) (c), (b) (7)(c) I declare that I have read the above charge and (b) (6), (b) (7)(C)		ny knowledge and belief.
(b) (6), (b) (7)(C)	Title:	An Individual
Address: (b) (6), (b) (7)(C)	Fax No	X Date 03-25-2013
(b) (6), (b) (7)(C)	Telephone No. (b) (6), (b) (7)(0	
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PU	JNISHED BY FINE AND IMPRISONMENT	(U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C \$151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT	UNDER 44 U	5 6 3512
NOT WRITE	IN THIS	DACE	

Case 9-CA-101199 Date Filed March 26, 2013

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer VineBrook Decelopment	notorsgra	b. Tel No. 781-863-8866
		c Cell No. 78 4- 95 3-3777
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
11061 Mainsk	Daniel Bathon, In	g. e-Mail dan@ vine brook Properties.
cincinnationio 4524		h. Number of workers employed 5-10
i. Type of Establishment (factory, mine, wholesaler, etc.) Real estat en rental	j. Identify principal product or service rental residen c	03
2. Basis of the Charge (set forth a clear and concise stateme (b) (6), (b) (7)(C) conditioned to (b) (6), (b) (c), (c) conditioned to (b) (6), (b) (c) conditioned to (c) (c) (c) conditioned to (c)	of lease terms. In respond with a different spendiscr with the (b) (o), (b) (7)(c) horatened (b) (6), (b) (7)(c) (or rep becan to belithes haras b), (v) (7)(c) about the addition liver. (b) (6), (b) (7)(c) during the pilalized.	(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		
4a. Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		4b, (b) (6), (b) (7)(C) 4c, Cell No
		4d. Fax No.
		b) (6), (b) (7)(C)
5. Full name of national or international labor organization of organization)	which it is an affiliate or constituent unit (to be filled in	n when charge is filed by a labor
6. DECLARATIO	ON nls are true to the best of my knowledge and belief.	Tel No (b) (6), (b) (7)(C)
& toldfutton	(b) (b), (b) (r)(c)	Office, If any, Cell No.
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	(b) (b) (6) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Fax No.
(b) (6 (b) (6),	onexpres 11:257 (date)	b) (6), (b) (7)(C)
	ALLEGA TO A CONTRACT OF THE PARTY OF THE PAR	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006) The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMP UNDER 40 U.S.C 351
DO NOT WR	ITE IN THIS SPACE
Case 09-CA-101324	Date Filed March 27, 2013

CHARGE AGAINST EMPL	OYER	O9-CA-101324	Date Filed March 27, 2013
STRUCTIONS:			
e an original with NLRB Regional Director for the region in whi		M CHARGE IS BROUGHT	ring.
a. Name of Employer	KACAMOT VITIC	ZIN OUNITOE TO DISCOUNTY	b. Tel. No. 614.438.4183
Universal Protection Services			6 14.436.4 163
Oniversal Flotection Services			c. Cell No.
			f. Fax No.
d. Address (Street, city, slate, and ZIP code)	g. Employer	Representative	
57 E. Wilson Bridge Rd. Worthington, OH 43085-2366	William Kr	ob	g. e-Mail
			h. Number of workers employed 50+
i. Type of Establishment (factory, mine, wholesaler, etc.) Security Company	j. Identify orla security se	nclpal product or service ervices	
 k. The above-named employer has engaged in and is engaged subsections. (3) 	ging in unfair labor p		action 8(e), subsections (1) and (list bor Relations Act, and these unfair labor
practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganiza		these unfair labor practices are u	infair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise statem On or about (b) (6), (b) (7)(C) 2013, the above named Union and participation in concerted activity. By engaging in the above acts, the Employer has a service Employees International Union, Local 2015.	employer termin	nated employee ^{(b) (6), (b) (7} ions 8(a)(1) and (3) of the	because of affiliation with
Service Employées International Union, Local			
4a. Address (Street and number, city, state, and ZIP code)			4b. Tel. No. 312-233-8748
111 E. Wacker Dr., Suite 2500			4c. Cell No.
Chicago, IL 60601			T 1871/0
2 13 man 2 14			4d. Fex No. 312-233-8848

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization)

Service Employees International Union

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

Steven M. Stewart, Counsel

(Print/type name and title or office, if any)

3/27/2013 (date) Tel. No. same as above

Office, if any, Cell No.

stewarts@seiu1.org

4e, e-Mail

Fax No. same as above

e-Mail same as above

Same as above

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ct seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Case Date Filed 9-CA-101602 March 29, 2013

	irector in which the alleged unfair labor practice MPLOYER AGAINST WHOM CHARGE IS BRO	IGHT
a. Name of Employer CABELL HUNTINGTON HOSPITAL, IN		b. Tel. No. (304)526-2000
d. Address (street, city, state ZIP code) 1340 HAL GREER BLVD, HUNTINGTON, WV 25701-3800	e. Employer Representative MARLON TAYLOR MIKE BAGCOCK	c. Cell No. f. Fax No. (304)526-6077 g. e-Mail marlon.taylor@chhi.org h. Dispute Location (City and State) Huntington, WV
otel)	j. Principal Product or Service Health Care	k. Number of workers at dispute location 800
On or about (b) (6), (b) (7)(C) 2013, the Union activities and/or because 5 Also A factor	e above named Employer discharge filed a charge with the National L	ed (b) (6), (b) (7)(C) because of abor Relations Board. – Discriminal
(b) (6), (b) (7)(C)		7.3.7
B. Full name of party filling charge (if labor organization (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP (b) (6), (b) (7)(C)		4b, Tel, No. (b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP)		4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP (b) (6), (b) (7)(C) Full name of national or international labor organiz rganization) DECLARATION	code) ation of which it is an affiliate or constituent unit	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No.
(b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIP (b) (6), (b) (7)(C) b. Full name of national or international labor organization) b. DECLARATION I declare that I have read the above charge and my knc and belief. (b) (7)(C)	code) ation of which it is an affiliate or constituent unit that the statements are true to the best of	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) Is. Address (street and number, city, state, and ZIP (b) (6), (b) (7)(C) S. Full name of national or international labor organization) S. DECLARATION I declare that have read the above of and	code) ation of which it is an affiliate or constituent unit that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel. No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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FORM EXEMPT UNDER 44 U.B.C 3512

WITERNET FORM NURB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Caca

Date Filed

INSTRUCTIONS:

a. Name of Employer

9-CA-101907

April 3, 2013

File an original with NLRB Regional Director for the region in which the alleged distair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

b. Tel. No. 614 224 8271

c. Cell No.

d. Address (Street, city, state, and ZIP code)

Ohio AFL-GO

395 E. Broad St. Ste 300

Columbus, Ohio 43215

e. Employer Representative

Tim Burga President

h. Number of workers employed

I. Type of Establishment (factory, mine, wholesaler, etc.) State Federation - Office

j. Identify principal product or service

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postel Reorganization Act.

2. Besis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices). I am being

discriminated against recovoling wages & working conditions. I am also being retaliated against for filing a (b) (6), (b) (7)(c) complaint on 12, which was based on harassment, hostile working conditions & wages.

No action has been taken by (b) (6), (b) (7)(C) to correct either, after

me on 9/12/12 to drop my complaint.

3. Full name of party flang charge (if labor organization, give full name, including local name and number)

(b) (6), (b) (7)(C)

4e. Address (Street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

4b Tel No 4d. Fax No.

(b)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

OPEIL Lu 98

6, DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

(signature of representative or parson making charge)

(b) (6), (b) (7)(C)

Tel. No.

Office, if any, Cell No.

FEX No.

e-Mail

4/3/13 (dale)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 161 et seg. The principal use of the information is to assist the National Labor Relations Board (NLFB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register. 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLFB will further explain these uses upon request. Disclosure of this information to the NLFB is voluntary, however, failure to supply the information will cause the NLFB to decline to invoke its processes.

4/3/2013 11:21 AM

2 of 2

Address

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-102227 April 8, 2013

		9-CA-102227	April 8, 2013
File an original of this charge with NLRB Regional D	frector in which the alleged unfair labor	practice occurred or is occ	urring.
a. Name of Employer ABF FREIGHT	MPLÔYER AGAINST WHOM CHARGE	b. Tel. No. (800)253 c. Cell No.	-4784
HUBER HEIGHTS, OH 45424-1457 8051 CENTER POINT TO DIED	e. Employer Representative MIKE NOBLE COORDINATOR	HUBER H	cation (City and State) HEIGHTS, OH
hotel)	, Principal Product or Service FREIGHT	k. Number of v 700	workers at dispute location
3. Full name of party filing charge (if labor organization	n, give full name, including local name e	and numbers	
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and ZIP of (b) (6), (b) (7)(C)		4b Tel No (b) (6), (b) 4c. Cell No.	(7)(C)
		4e e-Mail	
5. Full name of national or International labor organization)	ation of which it is an affiliate or constitue	ent unit (to be filled in whel	n charge is filed by a labor
6. DECLARATION I declare that I have read the above characand my knowleda@and belief.	that the statements are true to the be	st of (b) (6), (b) ((7)(C)
By: (b) (6, () (7)(C)	(b) (6), (b) (7)(C) AN INDIVIDUAL	Office, if any, C	Cell No.
(signature or representation on Wisking change	ge) Print Name and Title	Fax No.	
Address: (b) (6), (b) (7)(C)	Carrier 4-7-13	e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN-BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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98%

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
9-CA-102849 ~	April 15, 2013

1. EMPLOYE	ER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No.
Amity MOLD CompAN	, ((937-667 - 7849
Aminy MOLD COMPAN	-	c. Cell No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No. 937-467-238/
1411 COMMERCE PARK DRIVE	e. Employer representative	g. e-Mail
	BILL PEFFLY	
P.O. BOX 309	BILL PETTE	h. Number of workers employed
TIPP CITY OH 45371		Approx. 50
Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	a a a a a a a a a a a a a a a a a a a
FACTORY The above-named employer has engaged in and is engaged.	ZNJECTION MOLDING	
subsections) UNFAIR TERMINATION	7) [4] (\$20) (1 0.00 () 1 0.00 () () (10.00 () () () () () () () () () () () () ()	bor Relations Act, and these unfair labor
practices are practices affecting commerce within the m		
within the meaning of the Act and the Postal Reorganiza		
2. Basis of the Charge (set forth a clear and concise state)	ment of the facts constituting the alleged unfair labor (oractices)
ON (b) (6), (b) (7)(C) AT 4:00 PM		
47 7.00 ph	(b)(8)(b)(7)(c)	
OFF AND DESCRIPTION SAID IT WA	AS DECISION TO	TERMINATE ME
(0) (6), (0) (7)(0	11	
BECAUSE HAD LEADIN	FROM 3 DEUPLE +h	AT I WAS DISCUSS
	FROM 3 PEUPLE +h	
peoples wages. I ASK a	ED WHO THE 3 PER	OPE WELE AND
peoples wages. I ASK a	ED WHO THE 3 PER	OPE WELE AND
TOLD ME TAAT	DIDINIT HAVE TO DIS	sclose that info
MATION SO I DID NOT	DIDINIT HAVE TO DIS SIGN THE TERMIN	sclose that info
TOLD ME TAAT	DIDINIT HAVE TO DIS SIGN THE TERMIN	sclose that info
MATION SO I DID NOT 3. Full name of party Sting charge (if labor organization, girls) (b) (6), (b) (7)(C)	ED WHO THE 3 PER DID'N'T HAVE TO DIS SIGN THE TERMIN ive full name, including local name and number)	OPLE WERE AND SCLOSE THAT INFOR
MATION SO I DID NOT 3. Full name of party filing charge (if labor organization, given and support of the suppo	ED WHO THE 3 PER DID'N'T HAVE TO DIS SIGN THE TERMIN ive full name, including local name and number)	OPE WELE AND ICLOSE THAT INFOM ATION PAPER
MATION SO I DID NOT 3. Full name of party Sting charge (if labor organization, girls) (b) (6), (b) (7)(C)	ED WHO THE 3 PER DID'N'T HAVE TO DIS SIGN THE TERMIN ive full name, including local name and number)	AD Tel. No. (b) (6), (b) (7)(C)
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(a) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	DID'N' + HAVE TO DIS SIGN THE TERM IN ive full name, including local name and number)	AD TEL. No. (b) (6), (b) (7)(C) 4d. Fax No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) d in when charge is filed by a labor Tel. No.
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DEOP ES WAGES. I ASK A TOLD ME THAT MATION SO I DID NOT 3. Full name of party filing charge (if labor organization, gir (b) (6), (b) (7)(C) 4a. Address (S et and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of retional or international labor organization organization) 6. DECLARA I declare that I have read the above charge and that the state (b) (6), (b) (7)(C)	DID'N' + HAVE TO DIS SIGN THE TEXMIN ive full name, including local name and number) of which it is an affiliate or constituent unit (to be filled) ATION aments are true to the best of my knowledge and belief.	ADDE WELE AND CLOSE THAT INFORMATION PAPER. 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No. Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001 PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
09-CA-102866	April 15, 2013

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AG	AINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Healthcare Services		b. Number of workers employed
c. Address (street, city, state, ZIP code) P.O. Box 694 Sandy Hook, KY 41171	d. Employer Representative Josh Reuscher District Manager	e. Telephone No. 859-940-2917 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Nursing Home	g. Identify principal product or set Housekeeping and Laundry S	
h. The above-named employer has engaged in and is engaging in National Labor Relations Act, and these unfair labor practices are affecting commerce within the meaning of the Act and the Postal R	affecting commerce within the meaning of t	
By the above and other acts, the above-named employer has a guaranteed in Section 7 of the Act.	interfered with, restrained, and coerced o	employees in the exercise of the rights
2. Full Name of party filing charge (if labor organization, give full party) (b) (6), (b) (7)(C)	ame, including local name and number)	
	0) (6)	(b) (6), (b) (7)(C)
Full name of national or international labor organization of whice by a labor organization.	n it is an affiliate or constituent unit (to be fil	led in when charge is filed
I declare that I have read the above charge and	6. DECLARATION that the statements are true to the best of r	ny knowledge and belief.
(b) (6), (b) (7)(C) By (0) (6), (0) (0) (6), (1)	Title	(b) (6), (b) (7)(C)
Address (b) (6), (b) (7)(C)	Fax No(b) (6), (b) (7)(C) 100 10 11 11 13 .
WILL FULL FALCE STATEMENTS ON THIS CHARGE CAN BE DE	INICUED BY CINE AND IMPRICANMENT	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. §151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE Date Filed Case CHARGE AGAINST EMPLOYER 9-CA-103035 . April 17, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BROU	70/11
a. Name of Employer BLOCK BY BLOCK		b. Tel. No. (866)353-3132
		c. Cell No.
d. Address (street, city, state ZIP code) 910 PLUM STREET, CINCINNATI,	e. Employer Representative CHARLIE STEVENS, REGIONAL MANAGER	f. Fax No.
OH 45202	0.00	g. e-Mail
		h. Dispute Location (City and State) CINCINNATI, OH
i. Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
hotel) SERVICES COMPANY	CLEANING	30
	SERVICES/AMBASSADOR SERVICES	
. The above-named employer has engaged in and	d is engaging unfair labor practices within the mean	ing of section 8(a), subsections (1) of the
National Labor Relations Act, and these unfair lab	or practices are practices affecting commerce within	n the meaning of the Act, or these unfair labor
practices are unfair practices affecting commerce	within the meaning of the Act and the Postal Reorg ise statement of the facts constituting the alleged un	anization Act.
ABOUT (b) (6), (b) (7)(C) 2013, THE ABOVENGAGING IN PROTECTED, CONC	VE-NAMED EMPLOYER TERMINATED ERTED ACTIVITIES.	THE CHARGING PARTY FOR
ENGAGING IN PROTECTED, CONC	ERTED ACTIVITIES.	
3. Full name of party filing charge (if labor organizes (b) (6), (b) (7)(C)	ERTED ACTIVITIES. ation, give full name, including local name and num	ber)
3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7	ERTED ACTIVITIES. ation, give full name, including local name and num	ber)
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3. Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION 1 declare that I have read the above charge amy knowledge and belief.	eation, give full name, including local name and num	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel. No
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully assist the National Labor Relations Board (NLRB) in processing limitar rador practice and retained processings of integration. The footness loss information to the set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the light (b) (6), (b) (7)(C) NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

om NLRB - 501 (2-08) UNITED STATES OF	AMERICA	DO NOT WRI	TE IN THIS SPACE
NATIONAL LABOR RELAT		Case	Date Filed
CHARGE AGAINST I	EMPLOYER		
ISTRUCTIONS:	9-	-CA-106053	May 24, 2013
lle an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice EMPLOYER AGAINST WHOM CHARGE IS		ning.
Name of Employer	EMILEO LEN ASSINST WITON OF INTOLES	b. Tel. No. (614)449-	9565
UNITED STATES POSTAL SERVICE		c. Cell No.	
Address (street, city, state ZIP code) 1612 LOCKEBOURN ROAD.	e. Employer Representative RON BOWMAN, STATION	f. Fax No.	
COLUMBUS, OH 43206	MANAGER	g. e-Mail	
GIR LOCKBOURNE RD		h. Dispute Loc	ation (City and State)
OLUMBUS, OH 43207		COLUMB	US, OH
Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of v	workers at dispute location
Mail	Mail Delivery	20	
3. Full name of party filing charge (if lebor organia) (b) (6), (b) (7)(C)	zation, give full name, including local name an	d number)	
la. Address (street and number, city, state, and a	7IP code)	4b. Tel. No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
		4c. Celi No.	
		4d. Fax No.	
 Full name of national or international labor orgoganization) 	anization of which it is an affiliate or constitue		en charge is filed by a labor
I a set that			
 DECLARATION I declare that I have read the above charge my knowledge and bell^{DIGLORG} 	and that the statements are true to the bes	t of (b) (6), (l	o) (7)(C)
(b) (U ₁ , (b) (7)(C	(b) (6), (b) (7)(C)	Office, if any	, Cell No.
(Sig (b) (6) (b) (5) (b) (6) (b) (7)		Fax No.	
Addition (b) (6), (b) (7)(C)	Date: 05/24/201	14-11	
(b) (b), (b), (c)	05/34/20/	3	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

NLRB

(b) (6), (b) (7)(C)

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRI	TE IN THIS SPACE
Case	Date Filed
9-CA-106523	June 4, 2013

e an onginal of this charge with NLRB Regional	Director in which the alleged unfair labor practic EMPLOYER AGAINST WHOM CHARGE IS BA	CHICHT
Name of Employer PRECISION PIPELINE LLC	EMPLOTER AGAINST WHOM CHARGE IS BA	b. Tel. No. (715)874-4510
Address (street, city, state ZIP code) 3314 56TH ST, EAU CLAIRE, WI 54703-6332	e. Employer Representative RACHEL BROBER, OFFICE MANAGER	c. Cell No. I. Fax No. (715)874-4511 g. 6-Mail
		n. Dispute Location (City and State) WAYNESVILLE, OH
. Type of Establishment (factory, nursing home, notel) PIPELINE INSTALLATION	i. Principal Product or Service NATURAL GAS PIPELINE NFRASTRUCTURE AND INSTALLATION	k. Number of workers at dispute location 4
The above-named employer has engaged in and	is engaging unlair labor practices within the me	eaning of section 8(a), subsections (1) of the
rectices are unfair practices affecting commerce	within the meaning of the Act and the Postal Re-	or the meaning of the Act, or these unfair labor organization Act.
Basis of the Charge (set forth a clear and conci-	se statement of the facts constituting the alleged	unteir labor practices)
About 2013, the above-name	d Employer, through(b) (6), (b) (7)	(C) terminated (b) (6), (b) (7)(c)
Eull name of narty filing charge (if labor organization) (6), (6), (7)(6)	ation, give full name, including local name and no	umber)
	ation, give full name, including local name and no	
Eull name of narry filipo charge (if labor organiza (b) (6), (b) (7)(C)	ation, give full name, including local name and no	4D. Tel. No. 4C. Coll No. 4C. Coll No. (b) (6), (b) (7)(C) 4d. Fay No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (a. Address (street and number city state and 7) (b) (6), (b) (7)(C)	ation, give full name, including local name and no	4b. Tel. No. 4c, Call No. 4c, Call No. 4d, Fay No. (b) (6), (b) (7)(C) 4d, Fay No. (b) (6), (b) (7)(C) 4e, e-Mail (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) a. Address (street and number city state and 7) (b) (6), (b) (7)(C) b. (b) (6), (b) (7)(C)	ation, give full name, including local name and no	4b. Tel. No. 4c (b) (6), (b) (7)(C) 4d Fay No. (b) (6), (b) (7)(C) 4e, e-Mail (b) (6), (b) (7)(C) nit (to be filled in when charge is filed by a labor
Full name of narry filtrocharge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number city state and 7) (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that bigging-read (piesipiove charge at my knowled (piesipio piesipio piesipione)	elion, give full name, including local name and number of some and that the statements are true to the bost of	4b. Tel. No. 4c. Call No. 4c. Call No. 4c. Call No. 4d. Fay No. (b) (6), (b) (7)(C) 4e. e-Mail (b) (6), (b) (7)(C) nit (to be filled in when charge is filed by a labor
Eull name of name (incomparize (if labor organize (b) (6), (b) (7)(C) S. Address (street and number city state and ZI (b) (6), (b) (7)(C) S. Full name of national or international labor organization) DECLARATION I declare that his state and ZI (b) (b) (c), (b) (c), (c) By.	ahlon, give full name, including local name and number of the statements are true to the best of $b(7)(C)(b)(6)$, $(b)(7)(C)(A)$	4b. Tel. No. 4c. Call No. 4c. Call No. 4c. Call No. 4d. Fay No. (b) (6), (b) (7)(C) 4e. e-Mail (b) (6), (b) (7)(C) nit (to be filled in when charge is filed by a labor
(b) (6), (b) (7)(C) a. Address (Street and number city state and 7) (b) (6), (b) (7)(C) b. Full name of national or international labor organization) b. DECLARATION il declare that International (0)(6)(0) tip to the charge at my knowled (0)(6) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ahlon, give full name, including local name and number of the statements are true to the best of $b(7)(C)(b)(6)$, $(b)(7)(C)(A)$	umber) 4b. Tel. No. 4c Chi No. (b) (6), (b) (7)(C) 4d. Eax No. (b) (6), (b) (7)(C) 4e. e-Mail (b) (6), (b) (7)(C) nit (to be filled in when charge is filed by a labor Tel. No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801) PRIVACY ACT STATEMENT

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TOTAL P.02

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WR	ITE IN THIS SPACE	
se	Date Filed	
9-CA-107435	June 17, 2013	

INCTO	ICTIONS:

an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is a 1. EMPLOYER AGAINST WHOM CHARGE IS BROUG	
Name of Employer	b. Tel. No.
Name of Employer POSTAL SERVICE	c. Cell No
	f Fax No.
Address (Street, city, state, and ZIP code) e. Employer Representative	
320 NAGEL RD CHRIS	g e-Mail
INCINNATION 45255 DEARMAN	h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) j. Identify principal product or service POSTAL FACILITY MAIL HAND	1 NG
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning	of section 8(a), subsections (1) and (list
subsections) of the Nation	al Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices within the meaning of the Act and the Postal Reorganization Act.	are unfair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair le	PRE-DISCIPLINAC
INTERVIEW. AFTER I PROVED THAT	I HAD NOT EXTE
MX LUNCH AS CHARGED, (b) (6), (b) (7)(c)	
(6). (b) (7)(c) TOLD ME THAT SINCE	E Am Activo
	1 AM M(1/1/6 /
18 DALON LAW SCRITTIALIZED MORE	- 1 AM ACTIVE !
HE UNION, I AM SCRUTINIZED MORE	CLOSELY. (5/
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Full name of party filing charge (if labor organization, give full name including local name and number) (6), (b) (7)(C) Address (Street and number, city, state, and ZIQCode)	CLOSELY. (5) CLOSELY. (5) (b) (6), (b) (7)(c) 4c. Cell No
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Full name of party filing charge (if labor organization, give full name, including local name and number) (6), (b) (7)(C) Address (Street and number, city, state, and Zi@code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be ganization) 6. DECLARATION declare to have read therefore each that the statements are true to the best of my knowledge and belief	CLOSE L V. (5) (b) (6), (b) (7)(c) 4c. Cell No 4d. Fax No. (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C) (d) (e filled in when charge is filed by a labor Tel. No.
Full name of party filing charge (if labor organization, give full name including local name and number) (6), (b) (7)(C) Address (Street and number, city, state, and ZI@code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be ganization) 6. DECLARATION declare t I have read thomogeneous charge and that the statements are true to the best of my knowledge and belief (b) (6, , (b) (7)(C)	CLOSE L Y . (5) (b) (6), (b) (7)(c) 4c. Cell No 4d. Fax No. (b) (6), (b) (7)(c) (b) (6), (b) (7)(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
Full name of party filing charge (if labor organization, give full name including local name and number) (6), (b) (7)(C) Address (Street and number, city, state, and Zigroode) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be ganization) 6. DECLARATION declare to the best of my knowledge and believed.	CLOSELY. (5) (b) (6), (b) (7)(C) 4c. Cell No 4d. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (b) (6), (b) (6), (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
Eull name of party filing charge (if labor organization, give full name including local name and number) (6), (b) (7)(C) Address (Street and number, city, state, and Zi@code) (6), (b) (7)(C) Full name of national or international labor organization of which it is an affiliate or constituent unit (to be ganization) 6. DECLARATION declare to the best of my knowledge and belief (b) (6, (b) (7)(C)	CLOSEL V. (5) (b) (6), (b) (7)(C) 4c. Cell No 4d. Fax No. (b) (6), (b) (7)(C) (c) (b) (6), (b) (6), (c) (d) (e), (e), (e), (e), (e), (e), (e), (e)

Case

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM EXEMPT UNDER 44 U.S.C 3612

INTERNET FORM NLRB-501 (2-06)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
9-CA-107764	June 21, 2013			

CHARGE AGAINST EMPLOYER		Case		Date Filed	
NSTRUCTIONS:		9-CA-107764		June 21, 2013	
ile an original with NLRB Regional Director for the region is					
	OYER AGAINST WHOM	CHARGE IS BROUGHT	16	Tel No.	
a. Name of Employer			b. Tel. No. 304-465-1903		
Hidden Valley Center		c. Cell No.			
				f. Fax No.	
d Address (Street, city, state, and ZIP code)	s (Street, city, state, and ZIP code) e. Employer Representative				
422 23rd St Oak Hill, WV 25901	Administrato	Administrator		g. e-Mail	
				h. Number of workers employed 56	
Type of Establishment (factory, mine, wholesaler, etc Nursing Home	j, Identify princip Long-Term P	pel product or service datient Care			
k. The above-named employer has engaged in and is	engaging in unfair labor pra	ctices within the meaning of	section 8(a), subsections (1) and (list	
subsections) B(a), subsections (1) and (3)		of the National L	abor Rela	tions Act, and these unfair labor	
practices are practices affecting commerce within the within the meaning of the Act and the Postal Reorga					
2. Basis of the Charge (set forth a clear and concise st		ution the alloged unfact toher	ameticael		
On Wednesday, (b) (6), (b) (7)(C) 2013, (b) (6), (l)		uung ure sueged umair iaudi	ривания		
		a/b) (6) (b) (7)(C)		acting	
collectively met with the Facility Administrate	or to discuss the suspi	ension of the ar	id to res	olve that grievance.	
On Thursday, (b) (6), (b) (7)(C) 2013, (b) (6), (b) (7)(C) wa	s discharged in retalia	tion to the concerted a	ctivity th	e group of workers took or	
the previous day.				- Brack or manners received	
the pievious day.					
3 Full name of party filing charge (if labor organization	n, give full name, including lo	ocal name and number)			
Service Employees International Union, Dis	trict 1199 WV/KY/OH				
4a. Address (Street and number, city, state, and ZIP code)			4b Tel	. No. 614-461-1199	
1395 Dublin Rd Columbus, OH 43215			4c. Cel	- 100 mm * 100 mm	
Coldifibus, Off 43215			4d. Fax No. 614-461-1549		
		4e. e-N			
5. Full name of national or international labor organizat	tion of which it is an affiliate	or constituent unit (to be fille	d in when	charge is filed by a labor	
organization) Service Employees International				Carried Control of March 1990	
DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and beli		of my knowledge and belief.	Tel. No	330-272-5089	
The	Al Neal, Organizing	Coordinator	Office,	if any, Cell No.	
(Signature of representative or person making charge)	(Print/type name and		Fax No		
			1		
		The best and the service of the serv	e-Mail		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1395 Dublin Rd. Columbus, OH 43215

06/21/2013

(date)

aneal@seiu1199.org

FORM NLRB-501 [11-58]

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Flled		
9-CA-108234	June 28, 2013		

INSTRUCTIONS:	and the same of th	
File an original and 4 copies of this charge with NLRB Region	al Director for the region in which the alleg AGAINST WHOM CHARGE IS BROUGH	
a. Name of Employer	AGAINS I WHOM CHARGE IS BROUGH	b. Number of workers employed
CONSTELLIUM		APPROXIMATELY 700
c. Address (street, city, state, ZIP code)	d. Employer Representative	s. Telephone No.
O.BOX 68 RAVENSWOOD, WV		304-273-6483
6164	JIM PARLIN	304-273-6469
f. Type of Establishment (factory, mine, wholesaler, etc.)	d. Identity principal product or service	304-273-0407
LUMINUM FABRICATION PLANT	이 사람들은 아이들은 아이들이 가지 않는데 하셨다면 하셨다면 하셨다면 하는데 하는데 하는데 하다 하셨다면 하다.	PLATE AND COIL
h. The above-named employer has engaged in and is eng	gaging in unfair labor practices within t	ne meaning of section 8(a), subsections (1)
and (list subsections, (13)		of the National Labor Relations Act.
and these unfair labor practices are unfair practices affect		
Basis of the Charge (set forth a clear and concise statement)	ent of the facts constituting the Bilegeo L	mair labor practices)
THE COMPANY UNJUSTLY	TERMINATED ME FOR AL	LEGED
IN SUBORNATION I FEEL		
INTIMIDATED BY THE CO		
REPORT.	THE PORTER OF ALL	JOKI
ACA OKA.		
By the above acts, the above-named employer has	Interfered with, restrained, and coe	road amployees in the exercise of the
rights guaranteed in Section 7 of the Act		
i. Full name of party filing charge (If labor organization, give	e full name, including local name and nu	imber)
(b) (6), (b) (7)(C)		
a.Acoress (street and number, city, state, and ZIP code)		4b. Telephone No.
o) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
. Full name of national or International labor organization	n of which it is an affiliate or constitue	nt unit (to be filled in when charge is filed
by a lebor organization) UNITED STEELWORKERS LOCAL	5668	
The same of the sa		
I declare that I have read the above charge and	6. DECLARATION that the statements are true to the t	est of my knowledge and belief.
(b) (6), (b) (7)(C)	The state of the s	
у	(h) (6) (h) (7)	(dela li anu)
ddress(b) (6), (b) (7)(C)	(b) (6), (b) (7)	(c) (title if eny) 6/28/2013
bules (b) (6), (b) (7)(C)		ne No.) (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U. S. CODE, TITLE 18, SECTION 1001

INTERNET FORM NLRB-601 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	1010 0.0.0 0012
DO NOT WRIT	E IN THIS SPACE
Cese	Date Filed
9-CA-108276	June 28, 2013

CHARGE ADAMS! EMPLO	TER			2001 102
NSTRUCTIONS:		9-CA-108276		June 28, 2013
the an original with NLRB Regional Director for the region in which	the elleged urdain labor prac	tice coourred or is occurr	ing.	
1. EMPLOYER	AGAINBT WHOM CHA	RGE IS BROUGHT		
a. Name of Employer			b. Te	i. No. 1-270-351-3688
United States Postal Service			c. Cell No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Represer	Italive	f. Fe	x No. 1-270-351-B914
590 West Lincoln Trail Boulevard	Postmaster Rebe	_	g. 🖭	Mail
	- Cathiaster Ivene	CO CHILDI		
Radcilff, Kentucky 40160-9998			h. N	antier of workers employed Approximately 25
Type of Establishment (factory, mine, wholeseler, etc.) United States Post Office	j. Identily principal pro First Class Mail ar	duct or service nd Parcel Delivery S	ervice	
k. The above-named employer has engaged in and is engaging	g in unfair labor practices (oe to galreem ett nithiw	tion B(a)	subsections (1) and that
subsections)	•	_	- /	one Act, and these untait labor
practices are practices affecting commerce within the mean within the meaning of the Act and the Postal Reorganization				
2. Besis of the Charge (set forth a clear and concise statemen		he elleged unfair labor o	netienal	
C. Desired the Grant Bullet (Mail of Land Street Control of Contro		,,, and an		
On or about June 20, 2013.(b) (6), (b) (7)(C)	ingued = pro-	disciplinary interview	w to the	(b) (6), (b) (7)(C)
				, 2013 that the Union
		,		
was looking into initiating a climate survey in an el				-
employees assigned to the Radcliff Post Office ha	ve been subjected to	. A climate survey	alis und	ler concerted activity,
section 7 of the National Labor Relations Act.				
3. Full name of party filing charge (if lebor organization, give for	ill name, including local ne	me and number)		
APWU Radcilff Local 6882, AFL-CIO				
4s. Address (Street and number, city, state, and ZIP code)			4b. Tel.	No. 1-270-877-5032
			4c. Cell	No. 1-270-723-4111
P.O. Box 668 Raddliff, Kentucky 40169-0688			4d. Fax	No.
		4e. e-Ma	il	
		duke1	958@bbtel.com	
5. Full name of national or international labor organization of w	which it is an effiliate or cor	beilit ed all) ifnu preutiter	in when c	herge is filed by e labor
organization) American Postal Workers Union, AFL-		•		
6. DECLARATION declare that I have read the above charge and that the statement		nowledge and bellef.	Tel. No.	1-270-877-6032
By Oake Och	e B. Downs /Executi	ve Vice President		any, Cell No. -723-4111
(signature of representative or person making charge)	(Printippe name and like or o	Mice, IT any)	Fax No.	
		!		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of sep. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related processings or litigation. The notifine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

duke1958@bbtel.com

08/27/2013

(trate)

P.O. Box 666, Radoliff, Kentucky 40169-0668

Form NLRB - 501 (2-08) DO NOT WRITE IN THIS SPACE UNITED STATES OF AMERICA Date Filed NATIONAL LABOR RELATIONS BOARD Case CHARGE AGAINST EMPLOYER INSTRUCTIONS: 9-CA-108334 June 27, 2013 File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer (304)526-2000 c. Cell No. CABELL HUNTINGTON HOSPITAL, INC. e. Employer Representative f. Fax No. d Address (street, city, state ZIP code) (304)526-6077 BARRY TOURIGNY, VICE 1340 HAL GREER BLVD, g. e-Mail PRESIDENT OF HR **HUNTINGTON, WV 25701-3800** Barry Tourigny@chhi qrq h. Dispute Location (City and State) HUNTINGTON, WV k. Number of workers at dispute location i. Type of Establishment (factory, nursing home, Hoj. Principal Product or Service 2400 hotel) Healthcare Services Hospital The above-named employer has engaged in end is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and (4) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the fects constituting the alleged unfair labor practices) On about engaged in protected concerted activities and in retaliation for filing charges with the NLRB in because engaged in protected concerted activities and in retaliation for filing charges with the NLRB in 2013, the Employer indefinitely suspended the Charging Party and required to take a drug test Cases 09-CA-045325, 09-CA-045203, and 09-CA-084344. The protected concerted activity on June 18 was accomparing EPA to bailer room in which we were granted entry by two maintained men. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. e, e-Mail (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
9-CA-108686	July 3, 2013	

INSTRUCTIONS:

a. Name of Employer MANCOV THE USTRIES d. Address (Street, city, state, and ZIP code) IOOR LEONHAND Street DAYTON, Ohio 45404 i. Type of Establishment (factory, mine, wholesaler, etc.) I. Identify principal product or service The Arts K. The above-named employer has engaged in and is engaging in untail labor practices within the meaning of sect subsections) practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are untwithin the meaning of the Act and the Postal Reorganization Act 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are untwithin the meaning of the Act and the Postal Reorganization Act 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are untwithin for engaging in protected concerted activities, to for safety reasons the Employer's requirement that employees us uncalibrated tools.	r Relations Act, and these unfair labor air practices affecting commerce chices) (7)(C) in wit, for protesting
i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Truck Parts i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Truck Parts i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Truck Parts i. Identify principal product or service Truck Parts i. Identify principal product or service Truck Parts i. Type of Establishment (factory, mine, wholesaler, etc.) i. Identify principal product or service Truck Parts i. Identify principal product or service Truck Parts i. Identify principal product or service Truck Parts Truck Parts i. Identify principal product or service Truck Parts In the Act and the Parts i. Identify principal product or service Truck Parts In the Act and the Parts i. Identify principal product or service Truck Parts In the Act and In the Matter Parts i. Identify principal product or service Truck Parts In the Act and In the Matter Parts i. Identify principal product or service Truck Parts In the Act and In the Matter Parts In the Act and In the Act and In the Matter Parts In the Act and In the Act and In the Matter Parts In the Act and In the Act and In the Matter Parts In the Act and	g. e-Mail h. Number of workers employed 'O o + e s T, ion 8(a), subsections (1) and (list or Relations Act, and these unfair labor air practices affecting commerce chices) b) (7)(C) in wit, for protesting
K. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of sect subsections) of the National Labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair in the meaning of the Act and the Postal Reorganization Act Besis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly to the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly to the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly to the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly to the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly to the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices are unfairly the meaning of the Act, or these unfair labor practices are unfairly labor practices are unfairly labor practices are unfair labor practices are unfairly labor practices are unfair lab	ion 8(a), subsections (1) and (list or Relations Act, and these unfair labor air practices affecting commerce chices) (7)(C) in wit, for protesting
About 2013, the above-named Employer discharged (b) (6), (b) retaliation for engaging in protected concerted activities, to for safety reasons the Employer's requirement that employees us uncalibrated tools. 3. Full name of party filing charge (if labor organization, give full name, including local name and number)	(7)(C) in wit, for protesting
(b) (6), (b) (7)(C)	4b(b)(d), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail
5 Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in organization)	when charge is filed by a labor
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C)	Tel No Office, if any, Cell No.
(Signature of toplesentative (Irson making charge) (Print/type name and title or office, if any)	Fax No. e-Mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U S C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
9-CA-108691	July 3, 2013	

	YER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Tel. No. 937 233 5500
		c. Cell No.
Admin 100 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		f. Fax No.
Address (Street, city, state, and ZIP code)	e Employer Representative	g. e-Mail
Reitoring, 111 - 4542.	0	h. Number of workers employed
Type of Establishment (factory, mine, wholesaler, etc.) Tom P (j. Identify principal product or service	
subsections) practices are practices affecting commerce within the newithin the meaning of the Act and the Postal Reorganize	of the National La meaning of the Act, or these unfair labor practices are	abor Relations Act, and these unfair labor
About (b)(6),(b)(7)(c) 2013, the above-na	amed Employer discharged (b)(6),(b)(7)(C) in retaliation
reasons the Employer's requireme	ent that employées use their own	
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C)	ent that employees use their own	
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) (c) (c) (d) (d) (e) (e) (e) (f) (e) (f) (e) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	ent that employees use their own	
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C)	ent that employees use their own	n uncalibrated tools.
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (f) (abor organization, g (b) (f) (abor organization, g (b) (f) (abor organization, g (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ent that employees use their own	uncalibrated tools. 4b Te(b) (6), (b) (7)(C)
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (f) (abor organization, g (b) (f) (abor organization, g (b) (f) (abor organization, g (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ent that employees use their own	4b Te(b)(6), (b)(7)(C) 4c Cell No
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) Address (Street and r ber, city, state, and ZIP code (b) (6), (b) (7)(C) Full name of national or international labor organization	ent that employees use their own	4b Te(b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail
Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) a Address (Street and r ber, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization ganization) 6. DECLARA declare that I have read the above charge and that the state	ent that employees use their own vive full name, including local name and number) e) n of which it is an affiliate or constituent unit (to be fille	4b Te(b) (6), (b) (7)(C) 4c Cell No 4d Fax No 4e, e-Mail
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Full name of party filing charge (if labor organization, g (b) (6), (b) (7)(C) Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) Full name of national or international labor organization ganization) 6. DECLARA declare that I have read the above charge and that the state	ent that employees use their own vive full name, including local name and number) e) n of which it is an affiliate or constituent unit (to be fille	4b Te(b)(6), (b) (7)(C) 4c Cell No 4d Fax No 4e. e-Mail din when charge is filed by a labor Tel No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C 3612

INTERNET FORM NLRB-901 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
9-04-108918	July 10, 2013	

INSTRUCTIONS:	9-CA-1089	
File an original with NLRB Regional Director for the region in wh		
a. Name of Employer	ER AGAINST WHOM CHARGE IS BROUGH	b. Tel. No. (513)851-7888
		(513)651-7888
Burlington House		c. Cell No.
		f. Fax No. (513)589-3444
d. Address (Street, city, state, and ZIP code)	e. Employer Representative Alyssa Gardner	2 A302 P35 6 V13
2222 Springdale Rd. Cincinnati, OH 45231	Alyssa Galunei	g. e-Mall
		h. Number of workers employed 56
i. Type of Establishment (factory, mine, wholeseler, etc.) Skilled Nursing Facility	Identify principal product or service Resident Care	
k. The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning	of section 8(a), subsections (1) and (#st
subsections)		al Lebor Relations Act, and these unfair labor
practices are practices affecting commerce within the m within the meaning of the Act and the Postal Reorganiza		are unfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise state)	ment of the facts constituting the alleged unfair let	por practices)
On 2013 the employer's agents(b) (6), (b)	o) (7)(C)	disciplined (b) (6), (b) (7)(C)
retaliation for concerted activities.		
1 12 14 1 = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
3. Full name of party filing charge (if labor organization, gives SEIU District 1199WV/KY/OH	re full name, including local name and number)	
SEIO DISTRICT 11904VATTOTI		
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No. (800)227-1199
1395 Dublin Rd. Columbus, OH 43215		4c. Cell No
	1	4d. Fax No.
		4e. e-Mali
Full name of national or international labor organization organization) Service Employees International Urrange Emplo		filled In when charge is filed by a labor
6. DECLARA I declare that I have read the above charge and that the staten		Tel. No. (800)227-1199
alla	Emily Ricards Organizer	Office, if any, Cell No. (614)284-5052
(signature of representative or parson making charge)	(Printhype name and fille or office, if any)	Fax No.
	23.72.6.0.2	e-Mall
1395 Dublin Rd. Columbus, OH	7/9/2013	
Address	(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case Date File		
9-CA-109580	July 22, 2013	

1. EN	MPLOYER AGAINST WHOM CHARGE IS BRO	
a. Name of Employer CABELL HUNTINGTON HOSPITAL, IN	C.	b. Tel. No. (304)526-2000
d. Address (street, city, state ZIP code) 1340 HAL GREER BLVD, HUNTINGTON, WV 25701-3800	e. Employer Representative MARLON TAYLOR	c. Cell No. f. Fax No. (304)526-6077 g. e-Mail marlon.taylor@chhi.org h. Dispute Location (City and State) HUNTINGTON, WV
hotel)	Principal Product or Service Health Care	k. Number of workers at dispute location 800
I. The above-named employer has engaged in and is National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce wit	practices are practices affecting commerce with	in the meaning of the Act, or these unfair labor
rule. 3. Full name of party filing charge (if labor organization (b) (6), (b) (7)(C)	on, give full name, including local name and num	nber)
4a, Address (street and number, city, state, and ZIP ((b) (6), (b) (7)(C)	code)	4b. Tel. No. (b) (6), (b) (7)(C)
(8) (8), (8) (1)(8)		4c Cell No (b) (6), (b) (7)(C)
		4d. Fax No. 4e. e-Mail
Full name of national or international labor organization)	ation of which it is an affiliate or constituent unit	4e. a-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor
DECLARATION I declare that I have read the above charge and my knowledge and belief.	that the statements are true to the best of	Tel No (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) AN INDIVIDUAL	Office, if any, Cell No. (b) (6), (b) (7)(C)
(signature of representative or person making charged (b) (6), (b) (7)(C)	ge) Print Name and Title Date:	Fax No. e-Mail
(b) (6), (b) (7)(C)	7/2/13	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS	BOARD
CHARGE AGAINST EMPI	OVER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case - Date Filed		
09-CA-110486	August 2, 2013	

	EMPLOYER AGAINST WHOM CHARGE IS BROU	I b. Tel. No.	
a Name of Employer TRUMBLE SIGNS AND CONSULTING INC		(513)576- 8060- 8090	
TRIUMPH SIGNS AND CONSULTING, INC.		c. Cell No.	
		c, cell No.	
f. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
480 MILFORD PARKWAY	WILLIAM DOWNEY, PRESIDENT	5/3-576-8095	
MILFORD, OH 45150	THEER MID OF THE TYPING SECTION	g. e-Mail	
		h. Dispute Location (City and State)	
		MILFORD, OH	
Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location	
notel)	CONSULTING AND HIRING	21	
OFFICE	CONTRACTORS/SUBCONTRACTORS FOR		
40	SIGN INSTALLATION		
The shows named ampleyer has organist in an	d is engaging unfair labor practices within the mean	ing of section 8(a) subsections (1) of the	
	o is engaging unrair labor practices within the mean our practices are practices affecting commerce within		
	within the meaning of the Act and the Postal Reorg		
	ise statement of the facts constituting the alleged un		
On (b) (b) (b) (7)(c) 2012 the shows named 5	Employer terminated (b) (6), (b) (7)(C) for dis	aussing colon, information with	
2013, the above-named E			
		cussing salary information with	
coworkers in violation of Section 8(a)(cussing salary information with	
		cussing salary information with	
coworkers in violation of Section 8(a)(1) of the Act.		
coworkers in violation of Section 8(a)(
coworkers in violation of Section 8(a)(1) of the Act.		
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coworkers in violation of Section 8(a)(3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C)	1) of the Act. ration, give full name, including local name and num	4b Tel No (b) (6), (b) (7)(C)	
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coworkers in violation of Section 8(a)(3). Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 44 Address target and number city state, and Z (b) (6), (b) (7)(C)	1) of the Act. ration, give full name, including local name and num	4b. Tel. No. (b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C)	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
9-CA-111165	August 13, 2013	

Name of Employer	EMPLOYER AGAINST WHOM CHARGE IS BROKE	b. Tel. No
HMS HOST		(240)694-4106
nivis nost		c Cell No.
		9 200,000
ddress (street, city, state ZIP code) e. Employer Representative	f Fax No.	
905 Rockledge Dr Fl 1, Bethesda, ANITA CURLESS		
MD 20817-7826	ATT TO THE STATE OF THE STATE O	g e-Mail
		h Dispute Location (City and State)
		ADDYSTON, OH
Type of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
otel)		300
IOST SERVICE	RESTAURANT	
(D) (b) (D) (/)(C)	er at its location at Cincinnati/Northern Ke	for their union and/or protected
(b) (6), (b) (7)(C) concerted activity.	in retaliation f	for their union and/or protected,
concerted activity.	in retaliation f	for their union and/or protected,
Full name of party filing charge (if labor organia (b) (6), (b) (7)(C)	in retaliation f	for their union and/or protected,
Eull name of party filing charge (if labor organia (b) (6), (b) (7)(C)	in retaliation f	nber) 4b. Tel. No.
concerted activity. Full name of party filing charge (if labor organia (b) (6), (b) (7)(C) Address (street and number, city, state, and 2)	in retaliation f	nber) 4b. Tel. No.
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concerted activity. Full name of party filing charge (if labor organia (b) (6), (b) (7)(C) Address (street and number, city, state, and 2)	in retaliation f	nber) 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
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concerted activity. Full name of party filling charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C)	in retaliation f	mber) 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
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Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) a. Address (street and number, city, state, and 2) (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge my knowledge and belief.	in retaliation for a retaliati	anber) 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel. No. Office, if any, Cell No.
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-111508 August 19, 2013

File an original of this charge with NLRB Regional			
A. Name of Employer LINCOLN CRAWFORD CARE CENTER 1. EMPLOYER AGAINST WHOM CHARGE IS BROU		b. Tel. No. (513)861-2044 c. Cell No.	
d Address (street, city, state ZIP code) 1342 LINCOLN AVENUE CINCINNATI, OH 45206	342 LINCOLN AVENUE ROBERT BURNS,		
CINCINNATI, OH 43200	ADMINISTRATOR	h. Dispute Location (City and State) CINCINNATI, OH	
i. Type of Establishment (factory, nursing home, hotel) Nursing Home	j Principal Product or Service Taking Care of Elderly	k. Number of workers at dispute location 100	
I. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) and National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) About About 2013, the above-named Employer has violated Section 8(a)(1) and (3) of the Act by terming the Charging Party because of union activities and/or protected concerted activities.		thin the meaning of the Act, or these unfair labor or organization Act. unfair labor practices) (a)(1) and (3) of the Act by terminating erted activities.	
 Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z 			
(b) (6), (b) (7)(C)		4b, Tel No (b) (6), (b) (7)(C)	
		(b) (6), (b) (7)(C) 4d. Fax No	
Facility of the second		4e. e-Mail (b) (6), (b) (7)(C)	
5 Full name of national or international labor organization)	nization of which it is an affiliate or constituent un	nit (to be filled in when charge is filed by a labor	
my knowledge and belief	and that the statements are true to the best of		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) AN INDIVIDUAL	(b) (6), (b) (7)(C)	
(signature of representative or person making of Address. (b) (6), (b) (7)(C)	Date:	Fax No. e-Mail	
(b) (6), (b) (7)(C)	8-19-2013	(b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE		
Case	Da	te Filed
09-CA-112109	August	27, 2013

le an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice or	coursed or is occurring.	
1. EMPLOYER AGAINST WHOM CHARGE IS BROUG a Name of Employer ESM GROUP, INC.		b. Tel. No. (724)524-2123 c. Cell No.	
ddress (street, city, state ZIP code) 00 CORPORATE PARKWAY - CHRISTINA HIGGINS		f. Fax No.	
188N, AMHERST, NY 14226	이 보면서 보면 사람이 있다면 하는 아이들 때문에 되었다. 그는 그들은 이 사람이 하는데 하나를 하는데 하나 사람이 아니는 아이들이 되었다.	g. e-Mail	
		h Dispute Location (City and State) ASHLAND, KY k, Number of workers at dispute location	
Type of Establishment (factory, nursing home, notel)			
steel mill	steet	25	
the exercise of the rights guaranteed			
the exercise of the rights guaranteed 3 Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)	in Section 7 of the Act. ration, give full name, including local name and num	nber)	
the exercise of the rights guaranteed 3 Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2)	in Section 7 of the Act. ration, give full name, including local name and num	aber) 4b. Tel. No. (b) (6). (b) (7)(C)	
the exercise of the rights guaranteed 3 Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)	in Section 7 of the Act. ration, give full name, including local name and num	nber)	
the exercise of the rights guaranteed 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2)	in Section 7 of the Act. ration, give full name, including local name and num	aber) 4b. Tel. No. (b) (6). (b) (7)(C)	
the exercise of the rights guaranteed 3 Full name of pady filing charge (if labor organize) (b) (6), (b) (7)(C) 4a, Address (street and number, city, state, and 2)	in Section 7 of the Act. ration, give full name, including local name and num	4b, Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.	
the exercise of the rights guaranteed 3 Full name of party filling charge (if labor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zero) (b) (6), (b) (7)(C)	in Section 7 of the Act. ration, give full name, including local name and num	4b. Tel. No. (b) (6). (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail	
the exercise of the rights guaranteed 3 Full name of party filling charge (if labor organization) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge	in Section 7 of the Act. ration, give full name, including local name and num (IP code)	4b. Tel. No. (b) (6). (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail	
the exercise of the rights guaranteed 3 Full name of party filling charge (if labor organize) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION	in Section 7 of the Act. sation, give full name, including local name and num SIP code)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e e-Mail (to be filled in when charge is filled by a fabor	
the exercise of the rights guaranteed 3 Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a, Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge my knowledge and belief. By (b) (6), (b) (7)(C)	in Section 7 of the Act. Pation, give full name, including local name and num CIP code) anization of which it is an alfiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	to be filled in when charge is filled by a labor Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

I ONIVI EXCIVI	FI DINDLK 44 0.3.0. 3312	
DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
9-CA-112872	September 6, 201	

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

EMPLOYER AGA Name of Employer	INST WHOM CHARGE IS BROUGHT	
		b. Number of workers employed
Exel Continental		70+
c. Address (street, city, state, ZIP code)	d. Employer Representative	e. Telephone No.
2190 Creekside Parkway, Lockbourne, OH 43137	Supervisor, Cliff Brogden	614-497-9329
2190 Creekside Faikway, Lockbouille, Off 43137	osportison, cim zi ogaći.	Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.)	ctory mine wholesaler etc.) a Identify principal product or s	
Distribution Center		
	THE DISTIBUTION	
h The above-named employer has engaged in and is engaging in National Labor Relations Act, and these unfair labor practices are a affecting commerce within the meaning of the Act and the Postal R	affecting commerce within the meaning of t	
	4	
On about (6) (6) (6) (7)(C) 2013, Exel Continental terminated my assigning distribution center, which I shared with several co-workers	ment with Belcan Staffing in retaliation for r	aising safety concerns within their
20		
		A CAMPAGA CONTRACTOR AND COMPANY
By the above and other acts, the above-named employer has it	nterfered with, restrained, and coerced e	employees in the exercise of the rights
guaranteed in Section 7 of the Act.		
		'
3 Full Name of party filing charge (if labor organization, give full na	me, including local name and number)	
 Full Name of party filing charge (if labor organization, give full na (b) (6), (b) (7)(C) 	me, including local name and number)	
(b) (6), (b) (7)(C)	me, including local name and number)	4b Telephone No.
3 Full Name of party filing charge (if labor organization, give full na (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)	me, including local name and number)	4b Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code)	me, including local name and number)	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code)		(b) (6), (b) (7)(C) Fax No.
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which		(b) (6), (b) (7)(C) Fax No.
 (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. 		(b) (6), (b) (7)(C) Fax No.
 (b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. 	n it is an affiliate or constituent unit (to be file). 5. DECLARATION	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization.	it is an affiliate or constituent unit (to be file). DECLARATION hat the statements are true to the best of n	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization.	it is an affiliate or constituent unit (to be file). 5. DECLARATION hat the statements are true to the best of n	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. (b) (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	it is an affiliate or constituent unit (to be file). 5. DECLARATION hat the statements are true to the best of note that the statements are true to the	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. (b) (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	it is an affiliate or constituent unit (to be file). 5. DECLARATION hat the statements are true to the best of n	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. (b) (a) (b) (c) (c) (b) (a) (b) (b) (c) (c) Signat of representative or person making code.	5. DECLARATION hat the statements are true to the best of notice that the statement are true to the best of notice that the statement are true to the statement are true t	(b) (6), (b) (7)(C) Fax No. led in when charge is filed
(b) (6), (b) (7)(C) 4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of which by a labor organization. (b) (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	it is an affiliate or constituent unit (to be file). 5. DECLARATION hat the statements are true to the best of note that the statements are true to the	(b) (6), (b) (7)(C) Fax No. led in when charge is filed

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-501

FORM EXEMPT UNDER 44 U.S.C. 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

WP1 UNDER 44 U.S.C. 3312
E IN THIS SPACE
Date Filed
September 6, 2013

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

	T WHOM CHARGE IS BROUGHT	
a. Name of Employer Belcan Staffing Solutions		b. Number of workers employed 100+
c. Address (street, city, state, ZIP code) 3606 East Main Street, Columbus, OH 43213	d. Employer Representative Robyn Taylor-Kemp	e Telephone No. 614-237-3200 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Staffing Agency	g Identify principal product or service Labor Placement	
h. The above-named employer has engaged in and is engaging in unfa National Labor Relations Act, and these unfair labor practices are affect affecting commerce within the meaning of the Act and the Postal Reorg	ting commerce within the meaning of the	ection 8(a), subsections (1) of the Act, or these unfair labor practices
On about (b) (6), (b) (7)(C) 2013, Belcan terminated my assignment with Exewith several other co-workers.	l Continental in retaliation for raising safet	y complaints that I shared collectively
By the above and other acts, the above-named employer has interfiguaranteed in Section 7 of the Act.	fered with, restrained, and coerced emp	eloyees in the exercise of the rights
3 Full Name of party filing charge (if labor organization, give full name, (b) (6), (b) (7)(C)	including local name and number)	
4a. Address (street and number, city, state and ZIP code) (b) (6), (b) (7)(C)		4b Telephone No. (b) (6), (b) (7)(C) Fax No.
5 Full name of national or international labor organization of which it is by a labor organization.	an affiliate or constituent unit (to be filled	
(b) (6), (b) (7)(C) By _(D)(E), (D)(T)(C) (b) (6), (D) (7)(C) (c) Sign(E), (D)(T)(C) (d) (6), (b) (7)(C) (e)	Title	nowledge and belief.
Address (b) (6), (b) (7)(C)	Fax No	te 9/3//3

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-113114 September 10, 2013

File an original of this charge with NLRB Regional Director		
	YER AGAINST WHOM CHARGE IS BE	
a Name of Employer	TER AGAINST WHOM CHARGE IS BE	b Tel No 859-283-3700
CITIBANK		c. Cell No
	ployer Representative TY KINMAN, HR	f Fax No
N. N. M. M. W. M. M. M. B. M.	NAGER	g. e-Mail
		h. Dispute Location (City and State) FLORENCE, KY
hotel)	cipal Product or Service	k Number of workers at dispute location
BANKING CALL CENTER BANK	K	2,000
I. The above-named employer has engaged in and is enganational Labor Relations Act, and these unfair labor practices labor practices are unfair practices affecting commerce with a clear and concise statem. On or about ((b) (6), (b) (7)(C)) 2013, the above-name retaliation for engaging in protected concerted the concerted concerted to the concerted to the concerted concerted to the concert	tes are practices affecting commerce whin the meaning of the Act and the Postment of the facts constituting the alleged ned Employer terminated (b) (d) activity.	athin the meaning of the Act, or these unfair al Reorganization Act (unfair labor practices) 6), (b) (7)(C) in
a. Address (street and number, city, state, and ZIP code) b) (6), (b) (7)(C)		4b Tel No
		(b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C) 4d Fax No
	of which it is an affiliate or constituent u	4d Fax No 4e, e-Mail
DECLARATION I declare that I have read the above charge and that to my knowledge and belief	the statements are true to the best of	4d Fax No 4e, e-Mail nit (to be filled in when charge is filed by a labor Tel No
organization) DECLARATION I declare that I have read the above charge and that t	the statements are true to the best of	4d Fax No 4e, e-Mail nit (to be filled in when charge is filed by a labor Tel No
my knowledge and belief (b) (6), (b) (7)	the statements are true to the best of (b) (6), (b) (7)(C)	4d Fax No 4e. e-Mail nit (to be filled in when charge is filed by a labor Tel No

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

O9-CA-113138

Do NOT WRITE IN THIS SPACE
Date Filed

September 11, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
. Name of Employer		b. Tel. No. (502) 899-2238
AMERICAN PRINTING HOUSE FOR	THE BLIND	c. Cell No.
Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
1839 FRANKFORT AVE,	VICKI BUNS	g. e-Mail
LOUISVILLE, KY 40206-3148		h. Dispute Location (City and State) LOUISVILLE, KY
Type of Establishment (factory, nursing home, otel)	j. Principal Product or Service	k. Number of workers at dispute location 300
SERVICE	BRAILLE & AUDIO BOOKS	
rotected concerted activities, union acti	amed Employer suspended and then terr vities and involvement in prior charge	es filed against the Employer
rotected concerted activities, union acti 09-CA-074554 & 09-CA-086180).	vities and involvement in prior charge	es filed against the Employer
rotected concerted activities, union acti 09-CA-074554 & 09-CA-086180). Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZI	vities and involvement in prior charge	es filed against the Employer
rotected concerted activities, union activities,	vities and involvement in prior charge	es filed against the Employer
rotected concerted activities, union acti 09-CA-074554 & 09-CA-086180). Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZI	vities and involvement in prior charge	ber) 4b. Tel. No.
rotected concerted activities, union acti 09-CA-074554 & 09-CA-086180).	vities and involvement in prior charge	ber) 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
rotected concerted activities, union action (19-CA-074554 & 09-CA-086180). Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIII (b) (6), (b) (7)(C)	vities and involvement in prior charge	des filed against the Employer 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIII (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge as	vities and involvement in prior charge the street of the s	des filed against the Employer 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
Full name of party filing charge (if labor organization) Address (street and number, city, state, and ZI. (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge army knowledge and belief.	vities and involvement in prior charge the street of the s	des filed against the Employer 4b. Tel. No. 4c. Cell No. (b) (6). (b) (7)(C) 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor
rotected concerted activities, union activities,	involvement in prior charge tion, give full name, including local name and number code) P code) And that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	des filed against the Employer 4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail to be filled in when charge is filed by a labor Tel. No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE	E IN THIS SPACE
Case	Date Filed
9-CA-113207	September 12, 2013

File an original of this charge with NLRB Regional I 1. I	EMPLOYER AGAINST WHOM CHARGE IS BROKE	UGHT
a. Name of Employer TOYOTA MOTOR MANUFACTURING	KENTUCKY, INC.	b. Tel. No. (502)868-2000 c Cell No
Address (street, city, state ZIP code)	e. Employer Representative	f Fax No
1001 CHERRY BLOSSOM WAY GEORGETOWN, KY 40324-9564	SHERRY GRANT HR SPECIALIST	g e-Mail
		h. Dispute Location (City and State) GEORGETOWN, KY
Type of Establishment (factory, nursing home, otel)	j Principal Product or Service	k. Number of workers at dispute location 6500
ACTORY	AUTOMOBILES	
On or about (b) (c), (b) (7)(c) 2013, the above	e-named Employer discharged (b) (6), (b) (7)(C) because of protected,
and other work issues (//	
and offer work issues (Full name of party filing charge (if labor organiza	ie overtime) g/	
Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIF	tion, give full name, including local name and num	nber)
Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C)	tion, give full name, including local name and num	
Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIF	tion, give full name, including local name and num	4b Tel No (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a. Address (street and number, city, state, and ZIF	tion, give full name, including local name and num	4b. Tel. No (b) (6), (b) (7)(C) 4c. Cell No.
Full name of national or international labor organ	tion, give full name, including local name and num	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organiza (b) (6), (b) (7)(C) a Address (street and number, city, state, and ZIF (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge and	tion, give full name, including local name and num code) ization of which it is an affiliate or constituent unit	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)
Full name of national or international labor organizariganization) Pull name of national or international labor organizariganization)	tion, give full name, including local name and num code) ization of which it is an affiliate or constituent unit	4b Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor
Full name of national or international labor organizarion) DECLARATION I declare that I have read the above charge and my knowning property in the country of the country	ization of which it is an affiliate or constituent unit ad that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	4b Tel No (b) (6), (b) (7)(C) 4c Cell No. 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel, No (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

09-CA-113327 September 13, 2013

	MPLOYER AGAINST WHOM CHARGE IS BROI	
Name of Employer		b Tel No
		513-733-7114
NITED STATES POSTAL SERVICE	CE	c. Cell No.
Address (street, city, state ZIP code)	e. Employer Representative	f Fax No.
055 CRESCENTVILLE RD	RENITA JORDAN MANAGER DISTRICT OPERATIONS	g e-Mail
HARONVILLE, OHIO 45235	MANAGER DISTRICT OFERATIONS	g e-iviali
7,000		h Dispute Location (City and State) CINCINNATI, OH
Type of Establishment (factory, nursing home,	j Principal Product or Service	k Number of workers at dispute location
otel)	MAU & DACKAGES	2000
OSTAL SERVICE	MAIL & PACKAGES	(3)
nooned admited and has mee greenesses against	the Employer	
Full name of party filing charge (if labor prognizal		nber)
Full name of party filing charge (<i>if labor organizal</i>	ion, give full name, including local name and num	nber) 4b Tel No
Full name of narty filing charge (<i>if labor organiza</i> t) (6), (b) (7)(C)	ion, give full name, including local name and num	4b Tel No
Full name of party filing charge (<i>if labor organizal</i>) (6), (b) (7)(C)	ion, give full name, including local name and num	4c Cell No. (b) (b) (c) (c)
Full name of party filing charge (<i>if labor organizal</i>) (6), (b) (7)(C)	ion, give full name, including local name and num	4b Tel No
Full name of party filing charge (<i>if labor organizal</i>	ion, give full name, including local name and num	46 Cell No (b) (6), (b) (7)(C) 4d Fax No
Full name of party filing charge (<i>if labor organizal</i>	ion, give full name, including local name and num	4c Cell No (b) (b) (c)
Full name of party filing charge (if labor organizal of (6), (b) (7)(C) a. Address (street and number, city, state, and ZIF) (6), (b) (7)(C) Full name of national or international labor organization.	ion, give full name, including local name and num	4b Tel No 4c Cel No (b) (b) (b) (7)(c) 4d Fax No 4e e-Mail
Full name of party filing charge (if labor organizal (if) (6), (b) (7)(C) a Address (street and number, city, state, and ZIF) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION	ion, give full name, including local name and num code)	4b Tel No 4c Cel No (b) (b) (b) (7)(c) 4d Fax No 4e e-Mail
Full name of narty filing charge (if labor organizal of the control of the contro	ion, give full name, including local name and num code)	4b Tel No 4c Cel No (b) (6) (b) (7)(c) 4d Fax No 4e e-Mail (to be filled in when charge is filed by a labor
Full name of party filing charge (if labor organizal) (6), (b) (7)(C) a Address (street and number, city, state, and ZIF) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have resemble above charge an my knowledge and be	ion, give full name, including local name and num code) ization of which it is an affiliate or constituent unit d that the statements are true to the best of	4b Tel No 4c Cell No (b) (b) (7) (c) 4d Fax No 4e e-Mail (to be filled in when charge is filed by a labor Tel. No
Full name of party filing charge (if labor organizal (if) (6), (b) (7)(C) a Address (street and number, city, state, and ZIF) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have response	ion, give full name, including local name and num code)	4b Tel No 4c Cel No (b) (6) (b) (7)(c) 4d Fax No 4e e-Mail (to be filled in when charge is filed by a labor
my knowledge and be	code) ization of which it is an affiliate or constituent unit d that the statements are true to the best of (b) (6), (b) (7)(C)	4b Tel No 4c Cell No (b) (b) (7) (c) 4d Fax No 4e e-Mail (to be filled in when charge is filed by a labor Tel. No
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA

FORM EXEMPT UNDER 44 U S C 3512

DO NOT WRITE IN THIS SPACE

CHARGE AGAINST EMPLO		Case	Date Filed September 17, 2013
NSTRUCTIONS:	and a real transaction.	9-CA-113525	
ile an original with NLRB Regional Director for the region in which		practice occurred or is occurring CHARGE IS BROUGHT	9
a. Name of Employer CHi Ban K	. Advintor virion o	A PARTICIPATION OF THE PROPERTY OF THE PROPERT	b. Tel No. 859-283-3884 c. Cell No.
			f. Fax No.
d. Address (Street, city, state, and ZIP code) 4600 Houston Rd.	e. Employer Repre	esentative (HR)	g e-Mail
Florence, Ky. 41042	Kinma	an	h. Number of workers employed +MOVSCUNAS
i. Type of Establishment (factory, mine, wholesaler, etc.) BOOK	retail ban	product or service	ards, mortgages, loan
k. The above-named employer has engaged in and is engaging subsections) ACT WTY CUSIOL & UNIO to enough practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization	N. EMPLOYEES L < CONCUTED ning of the Act, or these	ces within the meaning of section of the National Laboration of the Uniform Indianal Laboratices are uniformal laboratices are uniform the National Laboratics and National Laboratics and National Laboratics are uniform the National Laboratics and National Laborati	or Relations Act, and these unfair labor fair practices affecting commerce
Basis of the Charge (set forth a clear and concise statement thuse of their employs hot line the se complaints hot in such as, timeshed for each of training or coagh direct managers. (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)	gooke but raid, negle mo and a (b) (6), (b)	about conar of from Sk. n isori mination (7)(C) Our HI	hanc in our work
3. Full name of party filing charge (if labor organization, give to (b) (6), (b) (7)(C)	full name, including laca	al name and number)	
4a. Address (Sireet and number, city, state, and ZIP code in a			4b. Tel. (b) (6) (b) (7)(C)
(b) (6), (b) (7)(C)	-		4c Cell No. (b) (6), (b) (7)(C)
		t	4d. Fax No
			te_e-Mail b) (6), (b) (7)(C)
5 Full name of national or international labor organization of organization)	which it is an affiliate or	constituent unit (to be filled in	when charge is filed by a labor (b) (6), (b) (7
6 DECLARATIO	N ts are true to the best of r		Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) (b)	(6), (b) (7)(C)		Office, if any, Cell No.
(signature of representative of person making charge)	(Рппитуре пате апо тпе	e or onice, ir any)	Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CO., TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WI	RITE IN THIS SPACE
Case	Date Filed
9-CA-113694	September 19, 2013

INSTRUCTIONS:

D. Tel. No. 859-283- Citibank Address (Street, city, state, and ZIP code) Address (Street, city, state, and ZIP code) Address (Street, city, state, and ZIP code) Be Employer Representative Crystal Gibson Crystal Gibson Type of Establishment (factory, mine, wholesaler, etc.) Call Center/Back Office Processing The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; of the National Labor Relations Act, and these practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on (1) (1) (2) (3) (4) (7) (C) The above-named employer has engaged in and is engaging in unfair labor practices are unfair practices affecting committed to the facts constituting the alleged unfair labor practices) Employment was terminated on (1) (3) (7) (C) The above-named employer has engaged in and is engaging in unfair labor practices are unfair practices affecting committed in July 2013 in an investigation due to their lack of concomplaints received about (1) (6), (1) (7) (C) The above-named employer has engaged in and is engaging in unfair labor practices are unfair practices affecting committed in July 2013 in an investigation due to their lack of concomplaints received about (1) (2) (3), (4) (7) (C)	employed and (list aunfair labor amerce
Address (Street, city, state, and ZIP code) 4600 Houston Road Florence, KY 41042 Crystal Gibson Crystal Gibson Type of Establishment (factory, mine, wholesaler, etc.) Call Center/Back Office Processing The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; of the National Labor Relations Act, and these practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting committee within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on (5) (6), (b) (7)(C) due to their lack of concidence of the facts of concidence of the concidence of the facts of concidence of the concidence of the facts of concidence of the	and (list unfair labor nmerce
e. Employer Representative g. e-Mail Crystal Gibson Type of Establishment (factory, mine, wholesaler, etc.) Call Center/Back Office Processing The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on (b) (6), (b) (7)(C) due to their lack of concidence of the concept of	and (list unfair labor nmerce
Type of Establishment (factory, mine, wholesaler, etc.) Call Center/Back Office Processing The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on (b) (6), (b) (7)(C) general dispose i. Number of workers of 500+ ii. Number of workers of 500+ iii. Number of workers of 500+ ii	and (list unfair labor nmerce
Type of Establishment (factory, mine, wholesaler, etc.) Call Center/Back Office Processing The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on (b) (6), (b) (7)(C) due to their lack of conciderations and concise statement of the facts constituting the alleged unfair labor practices) due to their lack of conciderations and concise statement of complaints received about (b) (6), (b) (7)(C)	and (list unfair labor nmerce
Type of Establishment (factory, mine, wholesaler, etc.) [All Center/Back Office Processing] [In above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; [In practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. [In Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) [In processing in the National Labor Relations Act, and these practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair la	and (list unfair labor nmerce
Type of Establishment (factory, mine, wholesaler, etc.) [2] Identify principal product or service credit cards, banking, mortgages [3] Identify principal product or service credit cards, banking, mortgages [4] The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; [5] of the National Labor Relations Act, and these practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. [6] Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) [7] Employment was terminated on [7] The product of the facts constituting the alleged unfair labor practices) [8] Complaints received about (b) (6), (b) (7)(C)	and (list unfair labor nmerce
Call Center/Back Office Processing credit cards, banking, mortgages The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) a subsections; of the National Labor Relations Act, and these practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on 13 without cause. I was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C)	unfair labor imerce
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on without cause. I was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C)	unfair labor imerce
practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting comwithin the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on 13 without cause. I was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C)	nmerce
within the meaning of the Act and the Postal Reorganization Act. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Employment was terminated on 13 without cause. I was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C) due to their lack of conceivers.	n of
Employment was terminated on (b) (6), (b) (7)(C) was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C)	
Employment was terminated on (b) (6), (b) (7)(C) was called to participate in July 2013 in an investigation complaints received about (b) (6), (b) (7)(C)	
complaints received about (b) (6), (b) (7)(C)	
he happenings in the department. During the discussion, I was advised that my instant message conversations	ern about
oulled and were being reviewed. I asked if I was listed in the complaints, and (b) (6), (b) (7)(C) advised me that I wa	s not.
ndicated, however, that and and were concerned about some of my conversations and that because of	
concerns, I would either receive a final warning or my employment would be terminated. On (6)(6),(6)(7)(C) when I w	
advised that my employment was being terminated, there was no reason provided as to why my employment wa	is being
erminated. I was provided an excuse of I did not handle the situation correctly. When asked what situation was	
nishandled, I was told "I already knew".	
Full name of party filing charge (If labor organization, give full name, including local name and number)	
b) (6), (b) (7)(C)	
a. Address (Street and number, city, state, and ZIP code) 4b Tel. No.	
4c. Cell No. (b) (7)(C)	(7)(C)
4d. Fax No	
4e. e-Mail	
(b) (6), (b) (7)(C)	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a	
organization)	labor
6. DECLARATION Tel. No.	a labor
6. DECLARATION I declare true to the best of my knowledge and belief	a labor
6. DECLARATION I declare the triangle of the above charge and that the statements are true to the best of my knowledge and belief (b) (6), (b) (7) (6) Office, if any, Cell No	a labor
6. DECLARATION I declare@textetriave_fand the above charge and that the statements are true to the best of my knowledge and belief (b) (6), (u) (7) (b) (6), (b) (7)(C) Office, if any, Cell No (b) (6), (b) (7)(C)	a labor
6. DECLARATION I declare the test plant and the statements are true to the best of my knowledge and belief (b) (6), (b) (7)(C) Tel. No. (b) (6), (b) (7)(C)	a labor
6. DECLARATION I declare@textetriave_fand the above charge and that the statements are true to the best of my knowledge and belief (b) (6), (u) (7) (b) (6), (b) (7)(C) Office, if any, Cell No (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-113855 September 23, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice EMPLOYER AGAINST WHOM CHARGE IS BRO	occurred or is occurring
a Name of Employer AXA MATRIX RISK CONSULTANTS	EMPLOYER AGAINST WHOM CHARGE IS BRO	b Tel. No (937)432-2050 c. Cell No.
d. Address (street, city, state ZIP code) 3130 South Tech Blvd	e Employer Representative Sheryl Hickman	f. Fax No
Miamisburg, OH 45342	VP of Administrative Services	g e-Mail
		h Dispute Location (City and State) MIAMISBURG, OH
Type of Establishment (factory, nursing home, hotel) Office	Principal Product or Service Fire Protection Engineering Firm	k Number of workers at dispute location 30+
On about ^{(b) (6), (b) (7)(C)} 2013, the above recomplaints concerning hostile work en	named Employer terminated (b) (6), (b) (7)(nvironment.	because of protected concerted
3 Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)		
4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	IP code)	4b Tel No
		4c Cell No. (b) (6), (b) (7)(C)
		4d Fax No
		4e e-Mail
Full name of national or international labor organization)	nization of which it is an affiliate or constituent un	it (lo be filled in when charge is filed by a labor
my knowledge and belief.	and that the statements are true to the best of	Tel No
B _{(C),(B),(B} ,(B) (7)(C)	(b) (6), (b) (7)(C) An Individual	Office, if any, Cell No. (b) (6), (b) (7)(C)
(signature or representative or person making of	narge, Print Name and Title	Fax No
Address (b) (6), (b) (7)(C)	Date 9-20-2013	(b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-113911 September 23, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BE	ROUGHI
Name of Employer		b. Tel. No. (855) 937-8311
D.E. FOXX AND ASSOCIATES		c. Cell No. (513) 713-7330
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No. (513) 241-1634
324 WEST 9TH STREET CINCINNATI, OH 45202	WALTER WELCH	g. e-Mail
Santanti Militari Perse		h. Dispute Location (City and State) CINCINNATI, OH
Type of Establishment (factory, nursing home, otel)	j. Principal Product or Service	k. Number of workers at dispute location
SERVICE	PROVIDES EMPLOYEES TO VARIOUS EMPLOYERS	15-20
The above-named employer has engaged in and lational Labor Relations Act, and these unfair lab ractices are unfair practices affecting commerce. Basis of the Charge (set forth a clear and conci-	or practices are practices affecting commerce w within the meaning of the Act and the Postal Re	vithin the meaning of the Act, or these unfair labor eorganization Act.
protected concerted activities, specific terms and conditions of employment.	e-named Employer indefinitely suspend cally when spoke out at a mandator	y employee meeting about employees
terms and conditions of employment. Full name of party filling charge (if labor organizes) (b) (6), (b) (7)(C)	ation, give full name, including local name and r	number)
terms and conditions of employment. B. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z	ation, give full name, including local name and r	number) 4b. Tel. No.
Full name of party filing charge (if labor organizes) (b) (6), (b) (7)(C)	ation, give full name, including local name and r	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)
terms and conditions of employment. B. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z	ation, give full name, including local name and r	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.
terms and conditions of employment. B. Full name of party filing charge (<i>If labor organiz</i> (b) (6), (b) (7)(C) B. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ation, give full name, including local name and r	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail. (b) (6), (b) (7)(C)
terms and conditions of employment. Full name of party filling charge (if labor organiz (b) (6), (b) (7)(C) Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ation, give full name, including local name and r	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail. (b) (6), (b) (7)(C)
Eull name of party filing charge (if labor organiz (b) (6), (b) (7)(C) a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organization) b DECLARATION I declare that I have read the above charge a	ation, give full name, including local name and r	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) unit (to be filled in when charge is filled by a labor Tel. No.
terms and conditions of employment. B. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) B. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) B. Full name of national or international labor organization) B. DECLARATION	ation, give full name, including local name and r IP code) Inization of which it is an affiliate or constituent u	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) unit (to be filled in when charge is filled by a labor Tel. No.
terms and conditions of employment. 3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION 1 declare that I have read the above charge a my knowless and belief. (b) (6) (7)(C)	ation, give full name, including local name and response to the property of the statements are true to the best of the statements are true to the statements are true	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) unit (to be tilled in when charge is filled by a labor Tel. No. Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE Date Filed Case September 25, 2013 9-CA-114122

INSTRUCTIONS:

	EMPLOYER AGAINST WHOM CHARGE IS BROU	
Name of Employer		b. Tel. No. 513-769-1124
Wal-Mart Stores, Inc.	La Facta Constant	c. Cell No.
Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
2801 Cunningham Drive	Ryan Curtis	g. e-Mail
Cincinnati, OH 45241		h. Dispute Location (City and State) Cincinnati, OH
ype of Establishment (factory, nursing home,	j. Principal Product or Service	k. Number of workers at dispute location
etail	General merchandise and groceries	Approx. 200
these unfair labor practices are unfair property. Basis of the Charge (set forth a cleartices) On about (b) (6), (b) (7)(C) 201	lesse unfair labor practices are practices affecting actices affecting commerce within the meaning lear and concise statement of the facts of the fa	of the Act and the Postal Reorganization constituting the alleged unfair labor (6), (b) (7)(C) due to support for
The Organization United for Resp		deluding local name and number) 4b. Tel. No.
a. Address (street and number, city	, state, and ZIP code)	46. 1el. No. (888) 957-3773
O. Box 66536		4c. Cell No.
/ashington, D.C. 20036-6536		4d, Fax No.
asimigton, D.C. 20030 0330		4e. e-Mail
Full name of national or international in when charge is filed by a la	onal labor organization of which it is a abor organization)	n affiliate or constituent unit (10 be
DECLARATION		Tel. No.
	are showed and that the statements	(202) 466-1521
	ove charge and that the statements	1202)400-1321
are true to the best of my know	ledge and belief.	200 10 20 1111
By: Deborah Gaya	dos Deborah Gaydos, Counsel	Office, if any, Cell No.
(signature of representative or person charge)		Fax No. (202) 728-1803
ddress: P.O. Box 66536 Washington	, DC Date: September 25, 2013	e-Mail
0036		dgaydos@ufcw.org
	LANCE CLASS DE DESTRUITED DA PINE AND IMPORC	ONMENT (U.S. CODE, TITLE 18, SECTION 100)

96%

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

9-CA-114223 September 26, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BRO	
Name of Employer TOTES ISOTONER CORP		b. Tel. No. (513)682-8200 c. Cell No.
d. Address (street, city, state ZIP code) 9655 International Boulevard Cincinnati, OH 45246	e. Employer Representative Vickie Fightmaster Human Resource Manager	f. Fax No. (513)682-8602 g. e-Mail vickie.fightmaster@totes.com h. Dispute Location (City and State) CINCINNATI, OH
i. Type of Establishment (factory, nursing home, hotel) Factory	j. Principal Product or Service Warehouse Distribution	k. Number of workers at dispute location 100
grievance and an(b) (6), (b) (7)(cd Employer discharged (b) (6), (b) (c) charge over	2013 suspension.
grievance and an (b) (6), (b) (7)(6). 3. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	charge over	2013 suspension.
grievance and an (b) (6), (b) (7)(3. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)	charge over	2013 suspension. (a) Tel. No. (b) (6), (b) (7)(C) 4c. Cell No.
grievance and an(b) (6), (b) (7)(c) 3. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C)	charge over	2013 suspension. (a) Tel. No. (b) (6), (b) (7)(C)
grievance and an (b) (6), (b) (7)(3. Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zero) (b) (6), (b) (7)(C) 5. Full name of national or international labor organized	charge over	2013 suspension. Ther) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
grievance and an (b) (6), (b) (7)(3. Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge a my knowledge and belief.	charge over ation, give full name, including local name and number of the code) P code) In code of the code of t	2013 suspension. Ther) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
grievance and an (b) (6), (b) (7)(3. Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION	charge over ation, give full name, including local name and number of the code)	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail
grievance and an (b) (6), (b) (7)(3. Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 4a. Address (street and number, city, state, and Zero) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization) 6. DECLARATION I declare that I have read the above charge any knowledge and belief.	charge over ation, give full name, including local name and number of code) P code) Initial or constituent unit of that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
9-CA-114268	September 26, 2013		

File an original of this charge with NLRB Regional	EMPLOYED ACAINOT WHICH OUR DOE IS SEC.		
a. Name of Employer	EMPLOYER AGAINST WHOM CHARGE IS BROU	b Tel No	
a. Ivanie of Employer		0 10 100	
PITT PLASTICS INC.		(614)868-8660	
		c. Cell No.	
d Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
	47 -0.6-345 (0.6)	173.16	
3980 Groves Road, Suite A	Naomi Vazques	g e-Mail	
Columbus, OH 43232	HR Manager	L Description (Character)	
301d111503, 011 43232	The Manager	h Dispute Location (City and State) Columbus, OH	
i Type of Establishment (factory, nursing home,	j Principal Product or Service	k Number of workers at dispute location	
hotel)	1	11 11 11 11 11 11 11 11 11 11 11 11 11	
	the second secon	20	
MANUFACTURER	NUFACTURER TRASH BAGS		
	I and the second second		
I The above-named employer has engaged in an	d is engaging unfair labor practices within the mean	ing of section 8(a), subsections (1) of the	
	oor practices are practices affecting commerce within		
practices are untair practices affecting commerce	within the meaning of the Act and the Postal Reorg	anization Act	
2 Basis of the Charge (set forth a clear and concerns	ise statement of the facts constituting the alleged ur	nfair labor practices)	
(b) (6) (b) (7)(C)			
ON (b) (6), (b) (7)(C) ₂₀₁₃ , THE ABO	OVE-NAMED EMPLOYER DISCHARGED	THE CHARGING PARTY IN	
ON (b) (6), (b) (7)(C) ₂₀₁₃ , THE ABORETALIATION FOR PROTECTE	OVE-NAMED EMPLOYER DISCHARGED CONCERTED ACTIVITIES	THE CHARGING PARTY IN	
ON (b) (6), (b) (7)(C) 2013, THE ABORETALIATION FOR PROTECTE	OVE-NAMED EMPLOYER DISCHARGED D CONCERTED ACTIVITIES	O THE CHARGING PARTY IN	
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ON (b) (6), (b) (7)(C) ₂₀₁₃ , THE ABORETALIATION FOR PROTECTE (b) (6), (b) (7)(C)	OVE-NAMED EMPLOYER DISCHARGED D CONCERTED ACTIVITIES	O THE CHARGING PARTY IN	
(b) (6), (b) (7)(C)	D CONCERTED ACTIVITIES		
(b) (6), (b) (7)(C)	D CONCERTED ACTIVITIES		
(b) (6), (b) (7)(C) 3 Purmaine or party ming charge (b) (6), (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	D CONCERTED ACTIVITIES		
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(b) (6), (b) (7)(C) 3 Purmame or pany ming charge of box organization (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and zero) (b) (6), (b) (7)(C)	D CONCERTED ACTIVITIES	40 Tel No 4c, Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 3 Purmame or pany ming charge of box organization (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and zero) (b) (6), (b) (7)(C)	DICONCERTED ACTIVITIES In the code In t	40 Tel No 4c, Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 3 Purmame or pany ming charge bor organization) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2) (b) (6), (b) (7)(C)	anization of which it is an affiliate or constituent unit	40 Tel No 4c, Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 3 Pull name of national or international labor organization) Full name of national or international labor organization)	anization of which it is an affiliate or constituent unit	46 TEL NO 4 (Call No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor	
(b) (6), (b) (7)(C) 3 Pointaine of party ming charg ^{(b)(6), (b) (7)} (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION	anization of which it is an affiliate or constituent unit	40 Tel No 4c, Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) 3 Purmame or party ming charg ^{(b)(b), (b) (7)} For organization (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a	anization of which it is an affiliate or constituent unit	46 TEL NO 4 (Call No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor	
(b) (6), (b) (7)(C) 3 Pur name or party ming charge bor organization) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION 1 declare that I have read the above charge a my knowledge and belief.	anization of which it is an affiliate or constituent unit	40 Tel No 4 Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel No	
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(b) (6), (b) (7)(C) 3 Purmame or party ming charge bor organization) (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a my knowledge and belief. By (b) (6), (b) (7)(C)	anization of which it is an affiliate or constituent unit	40 Tel No 4 Cell No (b) (6), (b) (7)(C) 4d Fax No 4e e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor Tel No	
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(b) (6), (b) (7)(C) 3 Purmame or pany ming charge (b) (6), (b) (7)(C) 4a Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 5 Full name of national or international labor organization) 6 DECLARATION I declare that I have read the above charge a my knowledge and belief. By (b) (6), (b) (7)(C) (signal or representative of place of the property of the presentative of place of the	anization of which it is an affiliate or constituent unit	Tel No Office, if any, Cell No (b) (6), (b) (7)(C) Tel No Office, if any, Cell No (b) (6), (b) (7)(C) Fax No e-Mail	
(b) (6), (b) (7)(C) 3 Purmame or pany ming charge (b) (c) (c) (c) (c) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	anization of which it is an affiliate or constituent unit and that the statements are true to the best of the constituent of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and that the statements are true to the best of the constituent unit and	Tel No Office, if any, Cell No (b) (6), (b) (7)(C) Tax No Office, if any, Cell No (b) (6), (b) (7)(C) Tax No	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

CHARGE AGAINST	EMPLOYER	Case	Date Filed
NSTRUCTIONS:		9-CA-114278	September 26, 2013
ile an original with NLRB Regional Director for the region	Annual residence of the Community of the City of the Community of the City of the Community of the City of the Cit		ing.
	LOYER AGAINST WHO	OM CHARGE IS BROUGHT	15 70 86
a. Name of Employer			b. Tel. No. 973-802-6000
Prudential Investments			c. Cell No.
		Commission of the Commission	f. Fax No.
d. Address (Street, city, state, and ZIP code)		Representative	
Prudential Investments,100 Mulberry St.,		nsella, Esq.	g, e-Mail
Gateway Center Three, Newark, NJ 07102			joseph.kinsella@prudential.co
			h. Number of workers employed 50+
i. Type of Establishment (factory, mine, wholesaler, infinance	elc.) j. Identify pri Mutual fur	ncipal product or service	
k. The above-named employer has engaged in and i	s engaging in unfair labor	practices within the meaning of se	ction 8(a), subsections (1) and (list
subsections)			oor Relations Act, and these unfair labor
practices are practices affecting commerce within within the meaning of the Act and the Postal Reor		these unfair labor practices are un	nfair practices affecting commerce
2. Basis of the Charge (set forth a clear and concise	statement of the facts con	nstituting the alleged unfair labor p	ractices)
I discussed with a co-worker			litions by switching territories and
we planned to approach management and	out this idea. When	raised the idea wit	h our supervisor, (OT(0) (OT(1)(0)
(b) (6), (b) (7)(C) retaliated against and			about our working
conditions. Among other things, (b) (6), (b) (7)(0			poor judgment, distracting
and questioned my trust and in			
and told me that I was putting m			
always had favorable performance evalua			
			e to resign my position by making
my working conditions intolerable.	daed the of a lack of	transparency.	o to resign my postion by making
(b) (6), (b) (7)(C)	ion, give full name, includir	ng local name and number)	3
is chestory			
4a. Address (Street and number, city, state, and ZIP	code)		4b. Tel. No.
(b) (6), (b) (7)(C)			
			4c Cell No (b) (6), (b) (7)(C)
			4d. Fax No.
			4e. e-Mail
			(b) (6), (b) (7)(C)
5. Full name of national or international labor organization)	ization of which it is an affi	liate or constituent unit (to be filled	l in when charge is filed by a labor
	CLARATION	4	Tel. No.
I declare that I have read the above charge and that the	e statements are true to the t	pest of my knowledge and belief.	(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) ((7)(C)	Office, if any, Cell No.
(Sigitature of person man sharinge)	(Print/type name	and title or office, if any)	Fax No.
(b) (6), (b) (7)(C)		alastia	(b) (6), (b) (7)(C)
		9/23/13	(b) (b), (b) (7)(C)
Address	AT 171	(date)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case Date Filed September 27, 2013

INCTO	ICTIONS.	

ile an original with NLRB Regional Director for the region in which 1. EMPLOYER a. Name of Employer	on the alleged unitalitiabor practice occurred or is occurr	
	R AGAINST WHOM CHARGE IS BROUGHT	mg.
Vacan		b. Tel. No. 859-389-4562 c: Cell No. 869-
XCIOX		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	CORPORE -
2432 Fortune Dr.		g. e-Mail Kimberly.
Lexington, Ky. 40509	Kimberly Puckett (#	h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service	
BPO - Outsouring Company	Outsourcing	
k. The above-named employer has engaged in and is engaged subsections) practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganizat	of the National Lai aning of the Act, or these unfair labor practices are u	bor Relations Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statem I was terminated for a while I was on break a Around Here! # "The Compa access to my page as it w	Dutat 1 Kin shallow	(b) (6), (b) (7)(C)
access to my page as it well pic. I have hever bed employment. I have pice pasts 3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C) 4a. Address (Street and num city, state, and ZIP code)	en written up en my s ex other employels to . I was treated unfa e full name, including local name and number)	sengthe company
4a. Address (Street and num city, state, and ZIP code) (b) (6), (b) (7)(C)	on written up and my see they be a set of the remplayers to the second s	Seng the Company (c! -7 over (b) (6), (b) (7)(c) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(c)
4a. Address (Street and num city, state, and ZIP code)	on written up and my see they be a set of the remplayers to the second s	Seng the Company (b) (6), (b) (7)(c) (b) (6), (b) (7)(c) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(c) d in when charge is filed by a labor
4a. Address (Street and num city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 6. DECLARATI declare that I have read the above charge and that the statem	of which it is an affiliate or constituent unit (to be filled	Seng the Company (c! -7 over (b) (6), (b) (7)(c) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(c)
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4a. Address (Street and num city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization organization) 6. DECLARATION (b) (6), (b) (7)(C)	of which it is an affiliate or constituent unit (to be filled to the sare true to the best of my knowledge and belief.	Seng the Company (b) (6), (b) (7)(c) (b) (6), (b) (7)(c) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(c) d in when charge is filed by a labor Tel. No.

VILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001 PRIVACY ACT STATEMENT

Verbaily stated over the course of several years that could never fire me because I know too much on meaning all of the unethical things I've withessed over the years. I also have proof via text. I remained sitent due to the year of closing my job.

- Thank You

ZOI3 SEP 27 PH 1: 25

REGION S NERB RECEINED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

۱	NS	TRI	JCT	CIO	NS

Case	Date Filed

CHARGE AGAINST EMPLOYER 09-CA-114771 October 17, 2013

	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROU		
a Name of Employer		b Tel No	
WHEELS TO GO		c Cell No 614-484-3747	
d Address (street, city, state ZIP code)	e. Employer Representative	f Fax No.	
1445 HARRISON AVE	NATASHA HESTER	g e-Mail	
CINCINNATI, OH 45214		h Dispute Location (City and State) CINCINNATI, OH	
Type of Establishment (factory, nursing home, hotel)	j Principal Product or Service	k Number of workers at dispute location	
taxi service and ambulance service	transportation	7-8	
	within the meaning of the Act and the Postal Reorg		
3 Full name of party filing charge (if labor organiz	ration, give full name, including local name and num	ber)	
(b) (6), (b) (7)(C) 4a Address (street and number, city, state, and 2	(IP ccde)	4b Tel No	
(b) (6), (b) (7)(C)		4c Cell No (b) (6), (b) (7)(C)	
		4d Fax No	
		4e e-Mail	
5 Full name of national or international labor organization)	anization of which it is an affiliate or constituent unit	(Io be filled in when charge is filed by a lahor	
6 DECLARATION I declare that I have read the above charge	and that the statements are true to the best of	Tel No	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Office, if any, Cell No	
Ву	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	
(signature of representative or person making Address (b) (6), (b) (7)(C)	Deter	Fax No e-Mail	
(b) (6) (b) (7)(C)	9/27/2013		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-115435 October 23, 2013

File an original of this charge with NLRB Regional	Director in which the alleged unfair labor practice of	occurred or is occurring.	
a. Name of Employer UNITED STATES POSTAL SERVICE		b. Tel. No. (513)757-1430 c. Cell No.	
d. Address (street, city, state ZIP code) 865 FRANKLIN STREET, HAMILTON, OH 45013 e. Employer Representative MATT JOHNSON		f. Fax No. (513)894-5728 g. e-Mail	
Type of Establishment (factory, nursing home, hotel) POST OFFICE	j Principal Product or Service MAIL PROVIDER	h. Dispute Location (City and State) HAMILTON, OH k. Number of workers at dispute location 60	
practices are unfair practices affecting commerce 2. Basis of the Charge (set forth a clear and concise Within the last 6 months, the above-na continuation of pay in retaliation for	se statement of the facts constituting the alleged un timed Employer continues to refuse to pa protected, concerted, and union activiti	ofair labor practices)	
3 Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	ation, give full name, including local name and num	iber)	
(b) (6), (b) (7)(C)	P code)	4b. Tel. No.	
		⁴ (b)(6),(b)(7)(C)	
		4d. Fax No.	
		4e. e-Mail	
5. Full name of national or international labor organization)	nization of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor	
DECLARATION I declare that I have read the above charge a my knowledge and belief.	nd that the statements are true to the best of	Tel. No. (b) (6), (b) (7)(C) Hame	
By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) AN INDIVIDUAL	Office, if any Cell N(b) (6), (b) (7)(C)	
(signature of representative or person making co	narge) Print Name and Title	Fax No. (6)((6)((6)((7)(6)(5)(6)((6)((6)(6)((6)(6)((6)((6)((6)	
Address: (b) (6), (b) (7)(C)	Date: 9-29-13	e-Mail (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

O9-CA-115972 October 30, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BRO	DUGHI	
a. Name of Employer Vanderlande Industries		b. Tel. No. (770)250-2802 c. Cell No.	
d. Address (street, city, state ZIP code) Dayton International Airport 3600 Terminal Drive, Suite 300 Dayton, OH 45377	e. Employer Representative Deborah Salter HR Manager	f. Fax No. (770)250-2810 g. e-Mail h. Dispute Location (City and State)	
		Dayton, OH	
. Type of Establishment (factory, nursing home, notel) Airport	j. Principal Product or Service Maintenance Baggage Handling Manufacturer	k. Number of workers at dispute location	
	d is engaging in unfair labor practices within the more practices are practices affecting commerce with		
	within the meaning of the Act and the Postal Reor		
	se statement of the facts constituting the alleged u		
(b) (6), (b) (7)(C)			
On the (b) (b) (b) (7)(C) 2042 the above	(b) (b) (b)	7)(C) in retaliation for engaging in	
	a-named Employer terminated		
On about 2013, the above	e-named Employer terminated ^(b) (⁶⁾ , (b) (in retailation for engaging in	
protected, concerted activities regardi	ng a safety violation and security breach	, as well as potential payroll fraud.	
protected, concerted activities regardi	ng a safety violation and security breach	, as well as potential payroll fraud.	
protected, concerted activities regardi	ng a safety violation and security breach	, as well as potential payroll fraud.	
protected, concerted activities regardi	ng a safety violation and security breach	i, as well as potential payroll fraud.	
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protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	n, as well as potential payroll fraud.	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	i, as well as potential payroll fraud.	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	a, as well as potential payroll fraud. Ther) 4b. Tel. No. (b) (6). (b) (7)(C) 4c. Cell No.	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	n, as well as potential payroll fraud.	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	(b) (6), (b) (7)(C)	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	a, as well as potential payroll fraud. Ther) 4b. Tel. No. (b) (6). (b) (7)(C) 4c. Cell No.	
protected, concerted activities regarding the protected activities regarding the prote	ng a safety violation and security breach	(b) (6), (b) (7)(C) 4d. Fax No.	
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Eull name of party filling charge (if labor organiz (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ng a safety violation and security breach	(b) (6), (b) (7)(C) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
Full name of party filling charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organize (c)	ng a safety violation and security breach	(b) (6), (b) (7)(C) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
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Full name of party filing charge (if labor organized) (b) (6), (b) (7)(C) 1a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ng a safety violation and security breach	(b) (6), (b) (7)(C) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No.	
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Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge a my knowledge and belief. (b) (6), (b), (7)(C) By By By By By By By By By B	ng a safety violation and security breach ation, give full name, including local name and nur in production of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	Ab. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) t (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C)	
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Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) 13. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) 15. Full name of national or international labor organization) 16. DECLARATION 17. I declare that I have read the above charge a my knowledge and belief. (b) (6), (b) (7)(C) By (b) (6), (b) (7)(C)	ng a safety violation and security breach ation, give full name, including local name and nur in production of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	Ab. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e. Mail (b) (6), (b) (7)(C) t (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office if any Cell No. (b) (6), (b) (7)(C)	
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-501

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C.3512
DO NOT WRI	TE IN THIS SPACE
Case	Date Fled
9-CA-116128	October 31, 2013

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

infair labor practice occurred or is occurring.	in engaged party named in it	tin i wali kene kegionai	Director to: the	The state of the same good
1. EMPLOYER AC	SAINST WHOM CHAR	GE IS BROUGHT		
a. Name of Employer			b. Number o	workers employed
Professional Maintenance				
c. Address (Street, city, state, and ZIP code)	d. Employer Representa	líve	e. Telephon	
541 Stimmel Rd	Dave McFadden		() - (614 Fax No.	443-6528
Columbus, OH 43223				443-0069
f. Type of Establishment (lactory, mine, wholesaler, etc.)	g. Identify principal prod	uct of service	1	
Janitorial contractor	Janitorial services			
 h. The above-named employer has engaged in and is engaging i subsections) 3 and 5 	n unfair labor practices wi			tions (1) and (list and these unfair labor
practices are practices affecting commerce within the meaning within the meaning of the Act and the Postal Reorganization A		r labor practices are unfo	air practices aff	cting commerce
Basis of the Charge (set forth a clear and concise statement of the charge)	of the facts constituting the	alleged unfair labor pra	cuces)	
Since on or about July 23, 2013, the above-named building in Columbus, OH engaged in the following		s agents and repres	sentatives a	the Lazarus
On or about July 23, 2013, threatened employees s Specifically, a supervisor at the site told employees	with violence in retali s that if they were to	ation for their partic go on strike, they ha	ipation in un ad better wa	on activities. ch out for snipers;
On or about July 28, 2013, interrogated employees employees to remove union pins;	about their participa	tion in protected co	ncerted acti	rities and instructed
On or about September 1, 2013, increased (b) (6), concerted activity, unilaterally implemented a unifo activities, and interrogated employees about their p	rm change in order o	hill employee involv	ement in pr	n protected stected concerted
By engaging in such actions, the Employer has vio	lated Sections 8(a)(1), (3) and (5) of the	Act.	
3. Full name of party filing charge (if labor organization, give full	name, including local nam	e and number)		
Service Employees International Union Local 1	•			
4a. Address (Street and number, city, state, and ZIP code)		1	b. Telephone	
111 E Wacker Dr Suite 2500		Ĺ	() -312-2	33-8719
Chicago, IL 69601	-		-ax No. () -312-2	3-8848
5. Full name of national or international labor organization of whorganization)	ich it is an affiliate or cons	tituent unit (to be filled in	when charge	s filed by a labor
Service Employees International Union			- 1	
(I declare that I have read the above charge and	6. DECLARATION that the statements as	re true to the best of n	ny knowledg	and belief.
By Call Val		Le	slie J. War	I, Associate Counsel
(signature of representative or person making charge)		_	(Pant/typ8 name	and title or office, if any)
same as above		(fax) () - same as	above	
Address		() -same as abo	ve	/1/0/31/13
		(Telephone No	.j ∫	(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Case Date Filed

O9-CA-116317 November 4, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BRO	
a Name of Employer KENTUCKY FERTILITY, OB/GYN		859 277 5734
		c. Cell No.
Address (street, city, state ZIP code) e. Employer Representative		f. Fax No. 859 276 2736
170 NORTH EAGLE CREEK SUITE 101		
LEXINGTON, KY 40509		
Type of Establishment (factory, nursing home, otel)	j. Principal Product or Service	k. Number of workers at dispute location
MEDICAL PRACTICE	OBSTETRICS & GYNECOLOGY SPECIALISTS	6
		infair labor practices) all'Sedly
Full name of party filing charge (if labor organiz (b) (6), (b) (7)(C) . Address (street and number, city, state, and Z	ve-named Employer discharged (b) (6), (l) municating with co-workers on Facebook around about myself with breached confidentiality ation, give full name, including local name and num	
Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C)	ation, give full name, including local name and num	4b, Tel. No. (b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d, Fax No. 4e, e-Mail (b) (6), (b) (7)(C)
Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organize	ation, give full name, including local name and num	4b, Tel. No. (b) (6), (b) (7)(C) 4c, Cell No. (b) (6), (b) (7)(C) 4d, Fax No. 4e, e-Mail (b) (6), (b) (7)(C)
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Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge a	ation, give full name, including local name and num	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a labor
Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and Z (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge a my knowledge and belief.	ation, give full name, including local name and num IP code) Inization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) AN INDIVIDUAL	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) (to be filled in when charge is filed by a rabor Tel. No. (b) (6), (b) (7)(C) Office, if any, Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

INST	TRI	ICT	10	NS.

DO NOT WRITE IN THIS SPACE			
Casè . Date Filed			
09-CA-117327	November 19, 2013		

File an original of this charge with NLRB Regional Direction 1. EM	ector in which the alleged unfair labor practice of PLOYER AGAINST WHOM CHARGE IS BROU		
a, Name of Employer BRIDGEWELL HOSPITALS		b. Tel. No. (513)531-6444 c. Cell No.	
Address (street, city, state ZIP code) 5500 VERULAM AVENUE, CINCINNATI, OH 45213 CINCINNATI, OH 45213 CINCINNATI, OH 45213 CINCINNATI CINCIN		f. Fax No. g. e-Mall h. Dispute Location (City and State)	
hotel)	Principal Product or Service MENTAL HEALTH CARE	k. Number of workers at dispute location 25	
On (b) (6), (b) (7)(C) 2013, the above-named to concerted activities concerning working of Full name of party filing charge (if labor organization)	Employer discharged $(6)(6)(6)(7)(7)(6)$ in onditions.	retaliation for engaging in protected	
(b) (6), (b) (7)(C) a. Accress street and number, city, state, and ZIP co (b) (6), (b) (7)(C)	ode)	4b, Tel, No. 4c, Cell No. (b) (6), (b) (7)(C)	
*	y 4	4e. e-Mail	
 Full name of national or international labor organizations 	tion of which it is an affiliate or constituent unit	(to be filled in when charge is filed by a labor	
B DECLARATION I doclare that I have read the above charge and my knowledge and lefters.	that the statements are true to the best of	Tel No.	
By: (b) (6, (δ) (7, (ω))	(b) (6), (b) (7)(C) AN INDIVIDUAL	(b) (6), (b) (7)(C)	
(signature of representative of person making charge) (b) (6), (b) (7)(C)	Date: 17. 2013	Fax No. e-Mail	
Address: (1) (1) (1) (1)	Dais.		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE	IN THIS SPACE
	Date Filed

FORM EXEMPT UNDER 44 U S C 3512

Case | Date Filed | 9-CA-117590 | November 21, 2013

	9-CA-11/590
INSTRUCTIONS:	
en a la l	. In statists the consecutive delication of the consecution and the last

e an original with NLRB Regional Director for the region in whit 1. EMPLOYE	R AGAINST WHOM CHARGE IS BROUGHT		
Name of Employer		b. Tel. No. 859-283-3700	
CITIBANK		c. Cell No.	
5	To Forth Business Auto-	f. Fax No.	
Address (Street, city, state, and ZIP code)	e Employer Representative MISTY KINMAN, HR MANAGER	g. e-Maii	
FLORENCE, KY 41042		h Number of workers employed 2,000	
Type of Establishment (factory, mine, wholesaler, etc.) BANKING CALL CENTER	j. Identify principal product or service BANK	2,000	
The above-named employer has engaged in and is engage subsections) practices are practices affecting commerce within the me within the meaning of the Act and the Postal Reorganization.	of the National La aning of the Act, or these unfair labor practices are u	abor Relations Act, and these unfair labo	
하는 것이 없는 것이 없다면 하는 것이 없는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다면	d Employer issued ^(b) (6), (b) (7)(C) _a warn	ing in retailation for engaging in	
protected concerted activity.	φ ·		
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C)	φ ·		
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)	φ ·	4b. Tel. No.	
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)	φ ·		
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)	φ ·	4b. Tel. No.	
Full name of party filing charge (if labor organization, given) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code)	φ ·	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C)	
Full name of party filing charge (if labor organization, given by (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of	e full name, including local name and number)	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail	
Full name of party filing charge (if labor organization, given b) (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization organization) 6. DECLARAT I declare that I have read the above charge and that the statem	e full name, including local name and number) of which it is an affiliate or constituent unit (to be filled	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No	
Full name of party filing charge (if labor organization, given by (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization or organization) 6. DECLARAT declare that I have read the above charge and that the statem (b) (6), (b) (7)(C)	e full name, including local name and number) of which it is an affiliate or constituent unit (to be filled	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor	
Full name of party filing charge (if labor organization, given by (6), (b) (7)(C) a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C) Full name of national or international labor organization of organization) 6. DECLARAT declare that I have read the above charge and that the statem (b) (6), (b) (7)(C)	e full name, including local name and number) of which it is an affiliate or constituent unit (to be filled) TION ents are true to the best of my knowledge and belief.	4b. Tel. No. 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail d in when charge is filed by a labor Tel. No	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM EXEMPT UNDER 44 U.S.C 3512

INTERNET FORM NLRB-501 (2-08)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
9-CA-117846	November 25, 2013		

NSTRUCTIONS:	9-CA-11	7846 November 25, 2013
he an original with NLRB Regional Director for the region in whic		
a. Name of Employer	RAGAINST WHOM CHARGE IS BROL	b. Tel. No. 513 874 8960
		513 874 8960
Usf Holland-Cincinnati terminal		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
Farr ct West Chester, Ohio	Mike Maethers	g. e-Mail
		h. Number of workers employed unknown
i. Type of Establishment (factory, mine, wholosaler, etc.) freight co	j. Identify principal product or service fmisc freight-ltl	
k. The above-named employer has engaged in and is engag		
subsections) ()		ional Labor Relations Act, and these unfair labor
practices are practices affecting commerce within the ma- within the meaning of the Act and the Postal Reorganization		as are untail practices affecting commerce
2. Basis of the Charge (set forth a clear and concise stateme		r labor practices)
(b) (6), (b) (7)(C) is violating my conserted union a		
is violating my conscitor official	contrast by bying to impose ions in	printing.
(b) (6), (b) (7)(C)	a full name, including local name and numbe	10
4a. Address (Street and number, city, state, and ZIP code)		4b, Tel. No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		
(5) (5), (5) (7)(5)		4c. Cell No. (b) (6), (b) (7)(C)
		4d. Fax No.
		4e. e-Mail (b) (6), (b) (7)(C)
5. Full name of national or international labor organization organization)	which it is an affiliate or constituent unit (to	be filled in when charge is filed by a labor
organization,	500 W. W.	
6. DECLARAT declars that I have good the above charge end that Union between	ION ents are true to the best of my knowledge and b	Tel, No. (b) (6), (b) (7)(C)
(b) (6), (b) (r)(C)		
(signature of representative make (make (m	(6), (b) (7)(C)	Office If any Call No. (b) (6), (b) (7)(C)
	(Print/type name and title or office, if any)	Coffice If any Call No. (b) (c), (b) (7)(c) Fax No.
(b) (6), (b) (7)(C)	(6), (b) (7)(C)	Coffice of any Cell No. (b) (6), (b) (7)(C) Fax No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

09-CA-118626 December 6, 2013

	EMPLOYER AGAINST WHOM CHARGE IS BRO		
a Name of Employer J K Meurer		b Tel No (513)831-7500 c Cell No.	
		C Cell No.	
Address (street, city, state ZIP code) 3 Glendale-Milford Road e, Employer Representative J K Meurer		f. Fax No	
oveland, OH 45140	Owner	g. e-Mail	
		h Dispute Location (City and State) LOVELAND, OH	
Type of Establishment (factory, nursing home, notel)	j Principal Product or Service	k. Number of workers at dispute location	
Paving	Asphalt paving	Approx. 35	
complaints regarding working condition		would not be recalled from	
seasonal layoff in the spring of 2014.	ons (equipment and pay) informed that	at would not be recalled from	
seasonal layoff in the spring of 2014. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	zation, give full name, including local name and num	at would not be recalled from	
seasonal layoff in the spring of 2014. Eull name of party filing charge (if labor organization) (b) (6), (b) (7)(C)	zation, give full name, including local name and num	would not be recalled from aber) 4b. Tel. No. (b) (6), (b) (7)(C)	
seasonal layoff in the spring of 2014. Full name of party filing charge (if labor organizable) (b) (6), (b) (7)(C) A Address (street and number, city, state, and 2)	zation, give full name, including local name and num	would not be recalled from	
seasonal layoff in the spring of 2014. B. Full name of party filing charge (if labor organization) (b) (6), (b) (7)(C) A. Address (street and number, city, state, and 2)	zation, give full name, including local name and num	would not be recalled from her) 4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C)	
seasonal layoff in the spring of 2014. Eull name of party filing charge (if labor organization) (b) (6), (b) (7)(C) La. Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) Example 1 (b) (6), (b) (7)(C) Example 2 (b) (6), (b) (7)(C) Example 3 (b) (6), (b) (7)(C)	zation, give full name, including local name and num	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail	
seasonal layoff in the spring of 2014. Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) a. Address (street and number, city, state, and 2) (b) (6), (b) (7)(C) (c) (b) (6), (b) Full name of national or international labor organization)	zation, give full name, including local name and num ZIP code) (7)(C) anization of which it is an affiliate or constituent unit	would not be recalled from ther) 4b. Tel. No (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor	
seasonal layoff in the spring of 2014. Full name of party filing charge (if labor organizero) Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge my knowledge and belief.	zation, give full name, including local name and num ZIP code) (7)(C) anization of which it is an affiliate or constituent unit	would not be recalled from about the state of the state	
seasonal layoff in the spring of 2014. B. Full name of party filing charge (if labor organization) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge	zation, give full name, including local name and num ZIP code) (7)(C) anization of which it is an affiliate or constituent unit	would not be recalled from ther) 4b. Tel. No (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor	
seasonal layoff in the spring of 2014. Full name of party filing charge (if labor organizero) Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) Address (street and number, city, state, and 2 (b) (6), (b) (7)(C) Full name of national or international labor organization) DECLARATION I declare that I have read the above charge my knowledge and belief. (b) (6), (b) (7)(C) By (signature or representative or person making the season of the s	zation, give full name, including local name and num ZIP code) (7)(C) anization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) An Individual	would not be recalled from about the state of the state	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-501

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXE	MPT UNDER 44 U.S.C. 3512
THE PROPERTY OF THE PROPERTY O	EIM ALTO SPACE
Case	Date Filed
09-CA-118774	December 11, 201

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

the region in which the alleged unfair labor practice occurred in EMPLOYER AGA	or is occurring. AINST WHOM CHARGE IS BROUGHT		
Name of Employer urda Cash Logistics		b. Number of workers employed 30+	
c. Address (street, city, state, ZIP code) 1129 Brock McBey Drive, Lexington, KY 40509	d. Employer Representative Bob McCullough Branch Manager	e. Telephone No. 659-609-6101 Fax No. 859-299-6029	
Type of Establishment (factory, mine, wholesaler, etc.) g. Identify principal product or s mored Cash Transport Cash Logisitics		rvice	
h. The above-named employer has engaged in and is engaging in National Labor Relations Act, and these unfair labor practices are affecting commerce within the meaning of the Act and the Postal Relations to the end of September 2013, the Employer	affecting commerce within the meaning of the temperature of the temper	he Act, or these unfair labor practices	
against (b) (6), (b) (7)(C) because spoke route scheduling and truck maintenance.	up about employee concern	s, specifically regarding	
By the above and other acts, the above-named employer has a guaranteed in Section 7 of the Act. (b) (6), (b) (7)(C)	interfered with, restrained, and coerced	employees in the exercise of the rights	
3. Full Name of party filling change (if labor organization, one full no (b) (6), (b) (7)(C)	and makeling local name and makeling to		
4a. Address (street and number, city, state and ZtP code))(6).	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.	
Full name of national or international labor organization of which by a labor organization.	h it is an affiliate or constituent unit (to be fi	fied in when charge is filed	
(b) (6), (b) (7)(C)	6. DECLARATION that the statements are true to the best of		
(b) (6), (b) (7)(C) Address	tharge (e) (b) (6), (b) (7)(0		
(b) (6), (b) (7)(C)	Telephone No	(T)(C)pate_1 C 0.2	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1081)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE
Case Date Filed

9-CA-118911 December 12, 2013

4.	Director in which the alleged unfair labor practice of EMPLOYER AGAINST WHOM CHARGE IS BROWN	UGHT
a. Name of Employer JADE BUSINESS CONCEPTS d/b/a FANTASTIC SAMS		b. Tel No. (740)682-3234 c. Cell No.
Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.
316 W MAIN ST, OAKHILL, OH 45656	DAN BRISKER	g e-Mail
		h. Dispute Location (City and State) OAKHILL, OH
Type of Establishment (factory, nursing home, notel)	j. Principal Product or Service	k. Number of workers at dispute location 80
ALON	HAIR CARE	80
On or about (b) (6), (b) (7)(C)2013, the	above-named Employer has retaliated ag	gainst(b) (6), (b) (7)(C) _{by reducing}
hours because of protected concerning the second concerning the se	above-named Employer has retaliated agerted activity on Facebook. sation, give full name, including local name and numerical sations.	
Full name of party filing charge (if labor organize) (b) (6), (b) (7)(C) a Address (street and number, city, state, and 7)	erted activity on Facebook. sation, give full name, including local name and num	
hours because of protected concerns because of party filing charge (if labor organizes) (b) (6), (b) (7)(C)	erted activity on Facebook. sation, give full name, including local name and num	nber)
hours because of protected concerns. Full name of party filing charge (if labor organize (b) (6), (b) (7)(C)	erted activity on Facebook. sation, give full name, including local name and num	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C)
hours because of party filing charge (if labor organize (b) (6), (b) (7)(C) a. Address (street and number, city, state, and 7 (b) (6), (b) (7)(C)	erted activity on Facebook. sation, give full name, including local name and num	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
hours because of party filing charge (if labor organize (b) (6), (b) (7)(C) La Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) La Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) La Address (street and number, city, state, and 7 (c) (c)	erted activity on Facebook. sation, give full name, including local name and nun	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail
Full name of party filing charge (if labor organize (b) (6), (b) (7)(C) a Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) Full name of national or international labor organization)	erted activity on Facebook. Eation, give full name, including local name and num (IP code) anization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C)	ab Tel No (b) (6), (b) (7)(C) 4c, Cell No (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor
hours because of party filing charge (if labor organize (b) (6), (b) (7)(C) a Address (street and number, city, state, and 7 (b) (6), (b) (7)(C) b. Full name of national or international labor organization) b. DECLARATION I declare that I have read the above charge my knowledge and belief (b) (6), (b) (7)(C)	ented activity on Facebook. Eation, give full name, including local name and num (IP code) anization of which it is an affiliate or constituent unit and that the statements are true to the best of (b) (6), (b) (7)(C) INDIVIDUAL	4b. Tel. No. (b) (6), (b) (7)(C) 4c. Cell No. (b) (6), (b) (7)(C) 4d. Fax No. 4e. e-Mail (to be filled in when charge is filed by a labor Tel. No. (b) (6), (b) (7)(C) Office if any. Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-501 (2-03)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

IN DO NOT WRIT	ENNTHIS SPACE
Case	Date Filed
09-CA-119071	December 12, 2013

1. EMPLOYER AGAI	NST WHOM CHARGE IS BROKE	UGHT	
a. Name of Employer Anchor Hocking		b. Tel No (740) 653-2527	
		c Cell No	
d. Address (street, city, state, ZIP code)	e. Employer Representative	f Fax No.	
115 W Fifth Avenue, Lancaster, OH 43130	Allie Krsak	g. e-Mall	
		h Number of workers employed 1000 barg, unit employees	
Type of Establishment (factory, mine, wholesaler, etc.) Manufacturer	j. Identify principal product or se Glass products	Identify principal product or service Glass products	
Reorganization Act Besis of the Charge (set forth a clear and concise statement On or about November 22, 2013, the Employer der n retaliation for union activities and/or protecte	nied (b) (6), (b) (7)(C)depart		
Full name of party filing charge (If labor organization, give full b) (6), (b) (7)(C)	ll name, including local name and number)		
b) (6), (b) (7)(C)	Il name, including local name and number)		
b) (6), (b) (7)(C) a Address (street end number, city, state, and ZIP code)	ll name, including local name and number)	4b, Tel No (b) (6), (b) (7)(C)	
b) (6), (b) (7)(C) An Address (street and number, city, state, and ZIP code)	ll name, including local name and number)	4b, Tel No	
(b) (6), (b) (7)(C) 4a Address (street end number, city, state, and ZIP code)	Il name, including local name and number)	4b, Tel No (b) (6), (b) (7)(C)	
3 Full name of party filing charge (if labor organization, give full b) (6), (b) (7)(C) 4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	Il name, including local name and number)	4b, Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No.	
b) (6), (b) (7)(C) 4a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of wi		4b, Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. n-Mail (b) (6), (b) (7)(C)	
b) (6), (b) (7)(C) a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of wild organization)	hich it is affillate or constituent unit (to be fi	4b, Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. e-Mail (b) (6), (b) (7)(C) Illed in when charge is filled by a labor Tel No.	
b) (6), (b) (7)(C) a Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 5. Full name of national or international labor organization of wild organization)		4b, Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4e. n-Mail (b) (6), (b) (7)(C) lled in when charge is filed by a labor	
5. Full name of national or international labor organization of will organization) 8. DECLARATION and the statements are to charge and that the statements are to charge and the statements are to charge	hich it is affillate or constituent unit (to be fi	4b, Tel No (b) (6), (b) (7)(C) 4c. Cell No. 4d. Fax No. 4a. n-Mail (b) (6), (b) (7)(C) Illed in when charge is filled by a labor Tel No. Same as above Office, if any Cell No.	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FIVE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT